	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	3 0	4 6 .
e 4		OR PRINTS	IRST	MIDDLE	ADAN	AST AC	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR P
(M)	3 SE.		4 RACE White	IONILK	5. DATE C		DECEMBER 6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
unerol 4	S	RTHPLACE (STATE OR FORE COUNTRY)	70 01112	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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ly filled in should be if	Ma:		HOME OR OTHER INSTITUTION COUNTY	130 CITY OR TOV			13e. STREET ADDRESS	Frazier Vi	llage
omplete I ond 2			d Hunter	LAST		15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	Ramsey		AST
dice ges		VAS DECEASED EVER IN 1 (ES, NO OR UNKNOWN) (IE	J.S. ARMED FORCES? YES. GIVE WAR OR DATES)	190-05-0		Mrs. Shirle	y Steward,		ughter
to the decin certifically bys by the otherding physise remove carbon poper cremotion, or remove other froumotic event,		Conditions, if ony, what gove rise to immedicuse (a), stating	DUE TO, (b)_ote	OR AS A CONSEQUED OR AS A CONS	Dio	GENIC :	PREST SHOCK WEARLT	91 41	DAYS DAYS DAYS
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cion. e hos b sit perm giene pr	CERTIFICATION				OPERATION		200 AUTÓPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
iding physical distribution of them 18 sort	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d. INJURY OCCURRED	E OF DEATH HOUR A	P.M. OF INJURY	19	21t. HOW INJURY OCCURR			
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ined by the hospital by the hospital by the Lorentz half be detoched for hithe Store Dept. of hithe 21 hem 21	<	above, III or a did 776 SKSHANIJA 774 PHYSICIAN'S NAME	did not why the bad	Leve	190	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	E 27c DAT	17/8/
6 04 5 8		DR. JAMES	M. RAVE			MEMORIAL	HOSPITAL I	MEDICAL BI	UILDING
BP	23o. B	URIAL, CREMATION, REM	Dec.19	9, 1981 B	NAME OF CI	METERY OR CREMATORY f Hill Cem.	23d. LOCATION	n, Pa.county	STATE
IMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	NAME James	F. Scarpe	lli, Cumb	erland	, Md. DE	C 2 % 1981	256 REGISTRAD SIGNA	Markey

STATE OF MARYLAND

Chr. 117, 11902 M.

CUMBERLAND MEMORIAL HOSPITAL CONDUCTOR

mortely we may went E.V. I have been seeing the best continued

190-05-5595-3 Mes. Shirdley Leanning Clarken, brimbless

DR. WAMES H. RAVER HENORIAL HOSPITAL MEDICAL BUILDING

Dec.19, 1981 Semebolf (111 Com. Johnstown, Fe.

1/	1,	FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND 'H AND MENTAL H	IYGIENE)	2 0 4 6 4
d		STATE REGISTRAR		DICAL EXAMINER'S		()	3 U . Q 4
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN D	MONTH DAY YEAR 26 HOUR
GRESS SE		Dessi		irginia		nn DEATH MATED	12 22 81 10:35 F
ARY, PL	3. SE)	FW	5. DATE OF BIRTH	1986 85/RS.	JNDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	Z - ZZ-1981 1035
NECESS S FOR WITHI	F	laryTand	76. CITIZEN OF WH	MAR WIDO		ED Alleg	any
FLAY IS N TO THE FU TO THE FU SE PILED, S S, 201 W	1	TY OR TOWN OF DEATH Cumberland	Sacred	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) Heart Hospital		12d. USUAL OCCUPATION (TYPE- FOR MOST OF WORKING LIFE) Housewife	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY OWN Home
AD. 21201 4. IF ANY DELAY IS NECESSARY, 2. AND 3 TO THE FUNERAL DIS 2. SHOULD BE FILED. WITHIN FAZ. ALL RECORDS, 201 W. PRESTONE	13a. S			RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS 808 Ashland	Ave.
# E [\$ 9 \$) / /			E. Long	LAST		F. Durst MIDDLE	LAST
11., BALTIMORE DURS, AFTER DE 18. GIVE PAGES 5. WITH FORM I MIT. PAGES I AN E. DIVISION OF	16a. \ {Y	VAS DECEASED EVER IN U.S., ES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	Mrs. Mar	ry Reiber, Cumbe	rland,Daughter
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W AL HYGIENE, D REMOVAL.		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU Conditions, if any, whi gove rise to immedicate (a) stating the und lying cause last.	SED BY: IATE CAUSE (o) Ch Ch (b)	for (a), (b), and (c).) Cardia AS A CONSEQUENCE OF AS A CONSEQUENCE OF		rest rioscleros	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN ROED TO THE CHEF MEDICAL EXAMII RE 3 SHOULD BE USED AS A BURIAL - TR E DEPARTMENT OF HEALTH AND MENI OF PRIOR TO BURIAL, CREMATION, OR	TION			BUT NOT RELATED TO THE TERMINAL DISEA		RT 1 (a),	
SHOULD ORD "PE CHIEF A E USED A URIAL, O	CERTIFICATION	196. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES \(\square\) NO \(\square\)
CERTIFICATE SHOULD STING THE WORD "PE STING THE WORD "PE RE 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BRIAL	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE C	P.M.	MONTH DAY YEAR	10W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
∃ ≯₹¥E	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (ATHOME, 21f. Li ORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINI COLTETHE CERTIFIC GE 4 SHOULD BE F FUNERAL DIRECT FER DEATH, WITH TIT MORE, MARYLAN		270. I certify that I took chi death resulted from: No ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	orge of the remains descriptural causes X ,	Accident . Suicide .	Homicide TITLE (SPECIFY) M.D. Deput	n X, Inquiry X, and Undetermined manner	DATE SIGNED 12-22-81
Bb	(5	urial, cremation, remova Burial	12-24-19	81 Hillcrest H		23d LOCATION CITY OF TOWN CUMBERLAND	Allegany Md.
DHMH - 17 (VR A15 ME (5))	24 F	INERAL DIRECTOR CARPELLI FUNER	VAL HOME, I	08 VA. AVE. CUN	MBERLAND, MI	BELLIA NIMERI IAN	TRAN'S CIGNATURE

The state of Tallino, Frue Demons .ov Emile Ros 200 PASS States . C Vernil Ham . Entry Tot bur, Dueber Inni, Daniel and The state of the second of the . M. verment to a language to the language to the language and the language and SEASON THE THE THE VALVE OF SEASON SELECTION SELECTION OF THE LIBERTY OF THE LIBE the ottending physicion and completely filled in by the funeral direct remove carbonpopers. Pages 1 and 2 should be filled within 72 hours or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	610	

REGISTRAR			CEKITI	ICATE OF DEATH	RE	G. NO.		
DECEASED NAME FIRST	· · · · · · · · · · · · · · · · · · ·	AIODLE	L	AST	2a. DATE OF DEA		OAY YEAR	2b HOUR
FRANK		THONY	BEYER		DECEMBER			8:05 PM
Male	4. RACE White		Sept	5. 4, DAY 1923 AR	6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 ** A A D D I F	D X NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
Missouri	US		WIDOWE	DIVORCED	ALLEGAN	Y COUNT	Υ	MD.
Cumberland	(IF NOT IN SUC	HOSPITAL, NURSING HEART H	DDRESS)	DR OTHER INSTITUTION	120. USUAL OCCU	PATION Cal Engi	12h KIND C INDUSTRY INCET	OF BUSINESS OR
Maryland A		GIVE RESIDENCE BEFORE. 13t. CITY OR TOWN Cumber	4	YES NO 🔀		Bel Ai	r Drive	
Frank FIRST A	nthony	Beyer, S	r.	Mabe I RST	C . MIOE	DLE	Beyen	ř
60 WAS DECEASED EVER IN U.S		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	A	DDRESS		
YES NO OR UNKNOWN) (IF YE	S. GIVE WATER DATES)			Mrs. Wanda	E. Beyer	Cumber	rland. N	Md. Wife
Conditions, if ony, which gove rise to immediate couse lost storing the underlying couse lost PART 2 OTHER SIGNIFICA COUNTY 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR (c) NT CONDITIONS CO	To and the same of	EATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR (20b. IF YE	VEN IN PART 1 (S, WERE FINDIN FYING CAUSES	NGS USED
210. ACCIDENT WAS UNDERLYING			V VEAD	21¢ HOW INJURY OCCURR	YES NO		PART OR PART 2)	NO 🗌
OR CONTRIBUTING CAUSE O	UCAIN	a, month da' a.	T TEAK	200				
QIF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alivabove, (1) (we) (digl.) (digl.)	e on	19		nd that in (my) (our) opinion o	, to deoth occurred on t	he date and hou		that (I) (we) lost couses stated
The SIGNATURE LEGIC	9 87	Mazzo	ces	DEGREE ATTENDING PHYSICIAN	DIRECTOR PH	STAFF IYSICIAN []	12 DATE	SIGNED 26-81
EUGENE V. M		.D.		22e. ADDRESS 912 SETON DE	RIVE, CUM	BERLAND	,MD 21	502
30. BURIAL, CREMATION, REMO (SPECIFY) Cremation	23b. DATE 12-27			emetery or crematory e Crematory	23d LOCATION CITY OF TOW Martin	nsburg.	COUNTY Va	STATE
4 FUNERAL DIRECTOR		08 VA AV			REC'D. BY REGIST		ARS SHAT	Alber .
SCARPELLI FUNER				21502 UEC 3	U 1981	Manus	The same of the sa	Manage.

21502

SCARPELLI FUNERAL HOME CUMBERLAND, MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

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N.	4. DEC	CEASED NAME FOR PRINT)	FIRST Ire	20	WIDDLE		מום	ıksı ckbu	m	20	DATE KNOWN OF ESTI- DEATH MATED	HTMOM		11190
M	SEX	emal e	4 RACE White	S. DATE OF BIRTH	LYUEN	6. AGE (IN YEA EAST BIRTH: 78	RS IF UN		IF UNDER		C. DATE RONOUNCED	MONTH Dec.1	DAY YEAR	11100
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D. 21201 H. IF ANY DELAY IS IN 2. AND 3 TO THE IN 3. RETAIN PAGE 2 SHOULD BE FILED ALI RECORDS, 301 W		mberla		11. NAME OF HO	FACILITY, GIVE ST		OR OTH			12a. USUA	AL OCCUPATION (T DIST OF WORKING LIFE) USEWIFE		OR INDUST	RY
IF ANY DELAY R AND 3 TO TI S. AND 3 TO TI S. AND 1 TO TI S	USUA 13a. S		(IF IN NURSING HOME 13b. COUN Alle	OR OTHER INSTITUTION.	GIVE RESIDENCE		N)	13d. INSIDE C	CITY LIMITS?	13e. STREE	T ADDRESS Washing	ton	St.	
MORE, MD. 2 TER DEATH. IF PAGES 1, 2, FORM PM 3. S 1 ANO 2 SI DN OF VITAL	14. FA	THER'S NAME		MIDDLE	Gio	dley		A	ER'S MAIDI FIRST 1ice	EN NAME	MIDDLE	Нас	adorn	
., BALTIMORE, MD BALTIMORE, MD B. GIVE PAGES 1 WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF VITA		AS DECEASED	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		18-67		17. INFOR		м. Вј	ADDRE:			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, ROBD TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E. 3 HOULD BE USUUD BE USEN. TRANSIT PERMIT. PAGES 1, AND 2. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF USE PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDE H 20 Canditian gave ris	IMMEDIA Ins, if any, which se to immediate stating the under	DUE TO, C	Arte		F	otic	hear	rt di	Lsease		APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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CATE SHOULD HE WORD "PER ON THE CHIEF A ULD BE USED IMENT OF HEAD BRINAL CREATER OF HEAD BR	CERTIFICATION		AL CAUSE WAS		OF INJURY	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D LENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PAI	YES 🗆	NO []
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MEDICAL EXAMI CUTE THE CERTIFI SE 4 SHOULD BE FUNE DIRECT ER DEATH, WITH TIMORE, MARYLAY		death resulte ACTUAL SIGNATURE _		ge of the remains de prol causes ** mni Mas	Accident	aug)	Autaps	, Hamin TITLE (S	specify) cumb	MEDIC	Inquiry A	DATE SIGNE 2150 Hosp	12-14 2122= 2	1-1981
Bb————————————————————————————————————	(5	URIAL, CREMAT PECIFY) Urial	TION, REMOVAL		23c. N	OSE H	ETERY O	RCREMATO		23d. LOC		A11		TATE MD
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	1 -	FOR STATE REGISTRAR CHARLOTTE		ENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH		3	0 4 6	1
	I. DEC	EASED NAME FIRST BAPTO	the Mae	5. DATE OF	31yston	REG. N 20 DATE OF DEATH 6. AGE (IN YEARS LAST BY	AD HINOM	Y YEAR 2b. HOUF B 8 3 10 FUNDER 1 YEAR IF UNDER 2 DIVINS DAYS HOURS	R pm) 24 MR5 MIN.
170	av	ette. PA	CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	DIVORCED [9 BALTIMORE CITY S	YRS.)F DEATH	MD.
2	CL	mberland M	NAME OF HOSPITAL, NURSING	tea (tea	rt Hospit		Sales-	126 KIND OF BUSINES INDUSTRY Real Estat	
75	13a S	Pa Somers HER'S NAME FIRST MID	set Weyers	dald	13d. INSIDE CITY LIMITS? YES NO ST 15 MOTHER'S MAIDEN NAM	13e. STREET ADDRESS AE MIDDLE	Box	A-322	<u>an</u>
Medicol exp		Daniel AS DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) (IF YES, GIVE W	Collier. D FORCES? 166 SOCIAL SECUR	Sr.	Charlotte 17. INFORMANI PAUL E	Blyston ADDR	KD3 Meverso	Mosser	
njury, or other traumotic event,	NC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (c) DUE TO, OR AS A CONSEQUEN (c)	NCE OF		for brue They dire NAI DISEASE OR CON		APPROXIMATE INTER- BETWEEN ONSET AND E	DEATH
shows only	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY!! YES	WERE FINDINGS USED NG CAUSES OF DEATH	H?
9	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FAI	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU			TATE
: n rem z i is morke		WHITE NOT WHITE AT WORK AT WORK 220.1 certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) v 22b. SIGNATURE	19		that in (my) (our) opinion d EGREE ATTENDING	MEDICAL STA	FF		
IMPORTANT	23a B	22d. PHYSICIAN'S NAME (TYPE OR PR	14- TAN	AME OF CE	22e ADDRESS	DIRECTOR PHYSIC	Frostb	8	r
	(:	Burial BEAL DIRECTOR Scown Fiel	1-4-82 Fer		-Nedrow	Donegal REC'D. BY REGISTRAN	Personal Property and Publishers	oreland P	A.

In the state of th Hard Ball Mark Hart Start Hart Start Collins, Inc. Shart the Collins of t CH-1-1 / A PROPERTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

	REGISTRAR				ICATE OF DEATH	REG. N	0	C O	
	ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
(145	PE OR PRINT)	€ER/	ALDINE	В	OBO	DECEMBER	1,	1981	4:10AM
3. SE	EX	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIT		IF UNDER 1 YEA	
	Female	White		Oct	3, 1911 YEAR	70	Wa	MONTHS DAY	S HOURS MIN.
70. B	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8		9 BALTIMORE CITY C	OR COUN		
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	CITY OR TOWN OF DEATH			ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS OF
4	Cumberland		CH FACILITY, GIVE STREE RED HEART		ITAL	Housewi			n Home
13g	JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO		A 124 IN ICIDE CITY LIMITED				
3	1.00 000	egany	Cumber		13d. INSIDE CITY LIMITS?	1522D Old	town	Manor	Apts.
	ATHER'S NAME				15. MOTHER'S MAIDEN NA		00 1111	11011101	- 500
	John Cecil	Twi pp	LAST		FIRST	Jane Lidic			AST
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR			
1	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)			Mrs. Dorothy	R. Arnold	. G11	mherlan	d Daught
			1 (1 20 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	,	,		
	PART I. DEATH WAS CAUS	SED BY:	SLYLYE		extension -	d I.		BETWEE	NONSET AND DEAT
	Conditions, if any, which	(16)_	2) can	sites	x Steho	Fr 3			
						117			
	couse (a), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQU			selvos	21		
NOI	couse (a), stoting the	((c)	diag	DE OF	- authoris	selvos	_	GIVEN IN PART	lio
TIFICATION	couse (a), stoting the underlying couse lost.	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	- authoris	selvos	DITION (GIVEN IN PART YES, WERE FINE TIFYING CAUSI YES	INGS USED
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STATE OF MARYLAND

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	3. SEX	ıle		4. RACE Whi	te	S. DATE O	DAY	1915		ARS LAST BIRTHDAY		^
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Robert L. Jurst

Funeral Service P. A. Westernport Md.

(VR A 15 (4))

STATE OF MARYLAND

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×H	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLA ARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE	8 1 REG. NO.	3 0 4	7 1
moy be		CEASED NAME FIRST JAMES	MIDDLE E.	BRODE		CEMBER 19,	1981	26 HOUR 2:30 A
de 4 mo	3. SE	x Male	4. RACE White	Feb. 15,		(IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Poge 4	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUN	MARRIED A NEVER A		MORE CITY <u>OR</u> COUN	TY OF DEATH	~
offer offer	1	UMBERLAND	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE MEMORIAL HO	JRSING HOME OR OTHER INST STREET ADDRESS) SPITAL		AL OCCUPATION WORK FOR MOST OF WORKING KET	12b. KIND O INDUSTRY Glass	Plant
filled in Enough be filled	13a M	AL RESIDENCE IN NURSING HOME OR STATE D Alle	TY III CITY OR		ITY LIMITS? 130 STRI	et address 25 Fayette	Street	
completely fulled and 2 should be a sominer must		arry Brode	AIDDLE (AS		ry Nelson	WIDDLE	tas	
Poges medic		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN)	AED FORCES? 16b. SOCIAL	SECURITY NO. 17. INFORMA Evel:	yn Brode C	umberland,	MD Wife	
requires that the death certificate ben signed by the ottending physicion. Then please remove carbon papers, or to burial, cremation, or removal, injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (c)	EQUENCE OF	TO THE TERMINAL DISI	EASE OR CONDITION C	GIVEN IN PART 110	,
	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFO	YES [NO IN CER	YES, WERE FINDIN TIFYING CAUSES YES [IGS USED OF DEATH? NO [
S PHYSICIAN of the control of the burial-tro ond Mental Hy ked or Item 18	MEDICAL CE	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b TIME OF INJURY H HOUR A.M. MONTH P.M. 21e PLACE OF INJURY LATHOME, STREET, FACTORY, OI	DAY YEAR 19 21f LOCATIC STREET	JURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2) COUNTY	STATE
ITAL by th ERAL Stote		220. I certify that (1) (this hospith sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	Wiew the body ofter death.	DEGREE A	C	AL STAFF OR PHYSICIAN	22c. DATE S	SIGNED
TO HOSP retoined I TO FUNE should be with the SIMPORTA	23a. E	DR. THADDEUS	23b. DATE	23¢ NAME OF CEMETERY OR C	REMATORY 23d. LC	OSPITAL MI MARYLAND		
BP		Burial	12-21-81	Hillcrest Buri	ial Pk. C	umberland	Allegan	y MDE

CUMBERLAND, MD 21502

Allegany

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

JAMES F. SCARPELLI

METAL CONTROL STREET			- xā			
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de Cumberland, 15- vira	othe malier			11 10	nev	

FOR - STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH

2b HOUR

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6		1	
-	1		
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-	E.)	6	

3. SEX

L DECEASED NAME (TYPE OR PRINT)

FEMALE

VIRGINIA 4. RACE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BURMEISTER 5. DATE OF BIRTH

DECEMBER 22, 1981 6 AGE (IN YEARS LAST BIRTHDAY)

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

IF UNDER I YEAR

70. BIRTHPLACE (STATE OR FOREIGN MD.

FANNIE

WHITE 76 CITIZEN OF WHAT COUNTRY? USA

MARRIED NEVER MARRIED WIDOWEDE DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

AUG. 282 1887

ALLEGANY COUNTY 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR INDUSTRY

IN CITY OR TOWN OF DEATH CHMBERTAND

SACRED HEART HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

ONDITIONS CONTRIBUTING TO DEATH BLIT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

HOUSE WIFE

14 FATHER'S NAME JOHN CLARK

13a. STATE

no

MIDDLE

166 SOCIAL SECURITY NO.

ALTCE 17 INFORMANT

ADDRESS

9 BALTIMORE CITY OR COUNTY OF DEATH

MILLER

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

LIF YES, GIVE WAR OR DATEST

551 01 0881

RUTH CADWALLADER

GIMORE MD. APPROXIMATE INTERVA

18 CAUSE OF DEATH (Enter only one couse per fe for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

CERTIFICATION

00

MPORTANT

ld b

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

PART 2 OTHER SIGNIFICANT

WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOF

20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES 🗀

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY P.M

21b. TIME OF INJURY

YEAR 19 211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended th

22b. SIGNATURE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC

ATTENDING

PHYSICIAN

COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE

STATE

RENATO ESPINA. M.D.

sow the deceosed olive on

above, (1) (we) (did) (did not) view the bod

22e ADDRESS

907 SETON DRIVE, CUMBERLAND, MD 21502

STAFF

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

12/26/81

23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEMETERY

DEGREE

MOSCOW MILLS

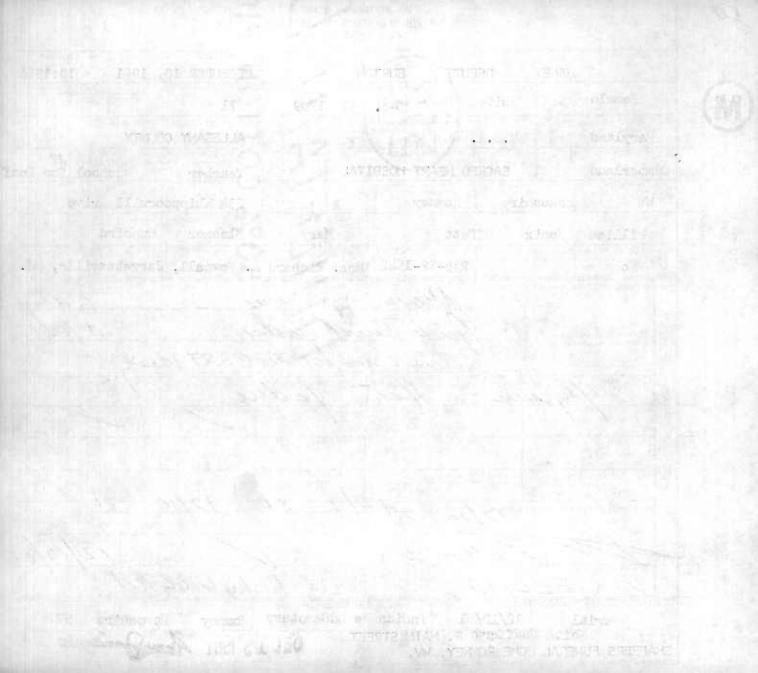
DIRECTOR PHYSICIAN

DHMH - 16 50M 1/B1 (VRA 15, 4)

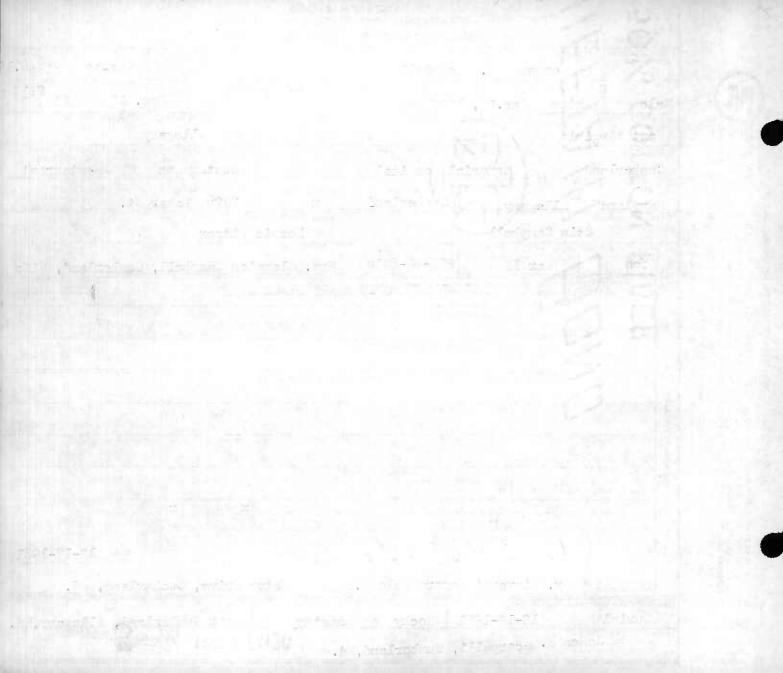
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MEDICAL

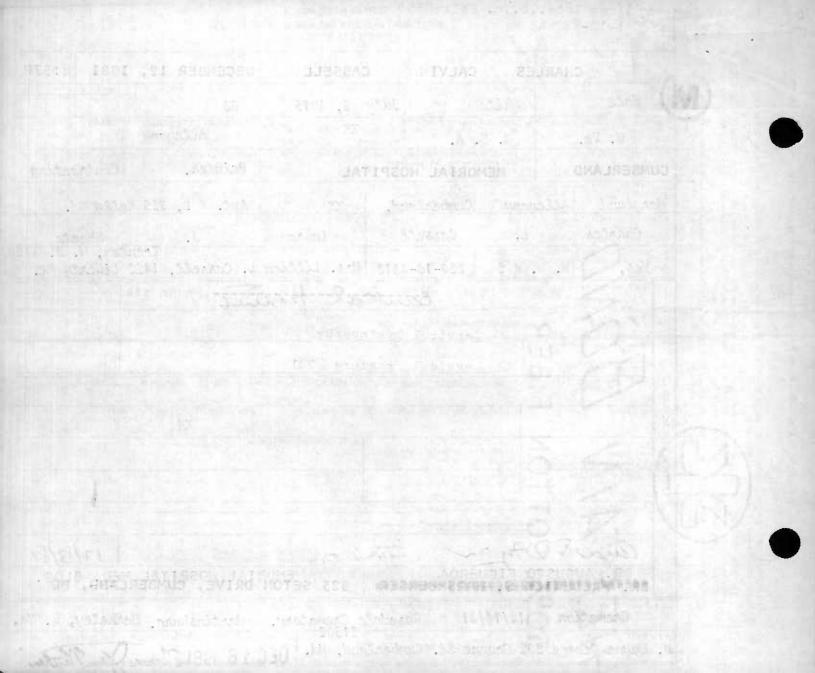
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Herman Campbell 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Dec. Jan. 26, Male White YRS 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Allegany WIDOWED DIVORCED SHOULD BE FILED, D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Counter Man Cumberland Memorial Hospital Restaurant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cumberland YEST Baker St. Maryland Allegany 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Otis Campbell Lessie Pitzer 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-44-8014 Yes War Mrs. Clarabow Campbell, Cumberland, Wife IICAL EXAMINER ALONG WI A BURIAL - TRANSIT PERMIT P H AND MENTAL HYGIENE, DI MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse pertinator (1) Color OTIC HEART DISEASE BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, CHIEF MEDICAL USED AS A BUR OF HEALTH AN PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [] NOXX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Homicide Undetermined monner deoth resulted from ACTUAL 12-13-1981 SIGNATURE MEDICAL EXAMINER Dr. Giovanni Mastrangelo M.D ADDRESS EXAMINER'S NAME Seton Drive, Cumberland, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Rocky Gap Cemetery Near Cumberland Albert Aldresany Md. 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. **DHMH-17** (VRA15 ME (5)) 15M 2/80



ω ξ		REGISTRAR CE ASED NAME OR PRINT)	FIRST		MIDDLE	LA!			20 DATE C		MONTH	DAY YEAR	26. HOUR
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ot once.	7a. BI	RTHPLACE (STATE OF		U. S.	WHAT COUNTRY?	MARRIED WIDOWED		MARRIED DIVORCED	9 BALTIM	Alle	gany	Y OF DEATH	
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filled in lould be f	13a S	AL RESIDENCE (IF NUF TATE Uryland	13b COUNTY		GIVE RESIDENCE BEFORE 134. CITY OR TOW Cumberla	N I	13d. INSIDE YES XX	CITY LIMITS?	13e. STREET	ADDRESS		Kelly R	
ond 2 sh	14 FA	Charles	MID	DLE	Cassel			R'S MAIDEN NAM		MIDDLE		Į.A.	st etz
Poges 1	16a. V	AS DECEASED EVEL	R IN U.S. ARMEI		166 SOCIAL SECU 220-10-		Mrs.	Lillian	L. Co			nton, N	I. J.
been signed by the mil. Then pleose reprior to burlel, con only injury, or other	ATION	PART 2 OTHER SIG	e last.	(c) <u>C</u>	AS A CONSEQUE ONTRIBUTING TO I	Fract	OT RELATE		NAL DISEA:			VEN IN PART 10	
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this certificate buriel-transition and Mental Hyg		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OI HOUR A./ P./	M. MONTH DA	YEAR	21c. HOW	INJURY OCCURR	ED (ENTERN	ATURE OF INJUS	RY IN ITEM IB	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE C (AT HOME, STRI	OF INJURY BET, FACTORY, OFFICE, F		211 LOCAT STRE	ION E1		CITY OR TO	WN	COUNTY	ST
of fte	- 1	220.1 certify that (I sow the decease			19	73 51	that in (my	, 19 y) (our) opinion d	eoth occurr	ed on the do			
haspital or oth		22b. SIGNATURE	~			Vaul	6.	ATTENDING _	MEDICAL	STAF	2	10	110/1
DIRECTO		226. SIGNATURE	F BANGER STANKE	NIET CLU	= POA	Bap 7. m.	22e. ADDRE	PHYSICIAN _	DIRECTOR	☐ PHYSIC	IAN	MED	113/8
he hospit DIRECTO Toched fo Dept. of If frem 21			地种主物		AR S MEGR	€E₽	925	PHYSICIAN _	DRIV	HOSP C	IAN	RLAND,	BLMBG



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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	THE OTHER WAY				REG. N	0.			
	PE OR PRINT)	WIDDLE	MENCE'	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
	PATRIC	K ALOYS	IOUS CA	VANAUGH	DECEMBER	26, 1981		4:15 AM	
3. S	Male	4 RACE White	5. DATE (DF BIRTH 13-1896 AR	6 AGE LINYEARS LAST BIR	THDAY) IF UND MONTHS YRS	DAYS	IF UNDER 24 HRS	
5	BIRTHPLACE STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT C		D NEVER MARRIED X	9 BALTIMORE CITY OF	MD.			
24	Cumberland	SACRED	HEART HOSP	OR OTHER INSTITUTION	Retireds		KIND O DUSTRY	F BUSINESS OR	
Ust 13a.	JAL RESIDENCE HE NURSING HOME OF STATE Md		DENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Rail	read St	ree	t	
1	Patrick		anaugh	15. MOTHER'S MAIDEN NA	MIDDLE	Hog	an	7	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT Elva Budk	ADDRE M	idland,	Md		
z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	CONSEQUENCE OF	Tract In fe					
ERTIFICATIO	190 DATE OF OPERATION 196. CONDITION FOR WHICH		OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \to NO \to		
1 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCUR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)				
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		21f LOCATION STREET	CITY OR TO	WN CC	YTAUC	STATE	
	220.1 certify the (1) (this hosp	12/15	10 8/ 11	12 T 19 S	death occurred on the do	ite and hour and f		tho (1) (we) lost	
	5 moly	Freever	311		MEDICAL STAP	F	A. DATE !	26/fi	
4	22d. PHYSICIAN'S NAME ITYER	OR PRINT)		22e ADDRESS					

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery 12/28/81

Md

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR MAIN STREET EICHORN FUNERAL HOME, LONACONING, MD

MEDICAL

BUILDING.

23d LOCATION y Midland

Dan Harrison

EACH CONTROL AND THE PERSON TO PROPERTY OF THE PERSON OF T relens White 6-11-1696 di Augherland ... seem term weren Retiren Burner id Allegary Midlind x First ck Cvanaugh Agnes Court - May Buckelew Mithems, Mr. TOTAL SOLETING, S.A. C. STORES CONTROL OF THE SOLETINGS, C. STORES, CO. Burial 12/28/81 St. Josephn Cemetery Mi Band A. He TOTAL PARENT HAR, LONGOUNG FOR THE LINE OF THE PARENT HAR STATE OF THE PARENT n and campletely filled in by Pages 1 and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remave carbanpapers. Fewith the State Dept, of Health and Mental Hygiene prior ta burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

injury, or ather troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3//	YEAR 98/	2b. H	Z A
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REGISTRAR				CERTIF	ICATE OF	DEATH	R	EG, NO.	1 1	A CONTRACTOR
1. DECEASED NAME	FIRST		MIDDLE		LAST	1871	20. DATE OF DEA		DAY YEAR	2b. HOUR
(THE SATRING)	EFF:	IE	MAY	(COLLINS			Vec/	31/1981	1 4 A.
3. SEX		4. RACE		5. DATE (YEAR	6. AGE (IN YEARS L	AST BIRTHDAY	MONTHS DAY	
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d. BIRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- D veven		9 BALTIMORE		Y OF DEATH	
Penna		U.S.	Α .	WIDOW	D NEVER	NORCED		7	Δ٦	Llegany M
10. CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME		-	120. USUAL OCC		12b. KIND	OF BUSINESS OF
Cumberland			e #3- Bed		Dal		(TYPE OF WORK FOR			Y
USUAL RESIDENCE IFF	NURSING HOME O						nouseke	eper		
13a. STATE	13b. COU	NTY	13c. CITY OR TOW	N	134 INSIDE		13e STREET ADD			
Maryland	ALL	egany	Cumberla	nd	YES _	NO X	Rt #3-	Box 47	Bedf R	id
14 FATHER'S NAME FIRST		MIDDLE	LAST		IS. MOTHER	FIRST		DDLE	L	LAST
Barn	ey		Weim			Emma			Go	odrich
(YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SECU		17 INFORM	ANT		ADDRESSRt	#3- Bed	iford Rd
No			220-16-6	378	Dale	0. Coll	ins	Cum	berland	i, Md
3-4	immediate oting the juse lost.	0 (b) DUE TO, O	PAS A CONSEQUE	NCE OF	les Colere	o TO THE TERM	T A A A A A A A A A A A A A A A A A A A	stens.	C. all	101 Sm
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	CAUSE OF DE	AIN	M. MONTH DA	Y YEAR	The HOW IN	UURY OCCURI	RED (ENTER NATURE (OF INJURY IN ITEM 18	B, PART 1 OR PART 2)
I IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NO AT WORK AT A	URRED T WHILE	21e. PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	PERY	frof /2	env	i a	leer.	STATE
270.1 certify that saw the dec above. (1) (w	eased alive or	1-1	5/4/19		DEGREE	ATTENDING .	death occurred on	STAFF		the couses stated
22d. PHYSICIAN'S	· Wi.	lliam	5, M	D,	Mec.	PHYSICIAN DES BLACK	DIRECTOR P	· Cente	Van	berlow

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

24 FUNERAL DIRECTOR (VR A 15 (4))

Burial

FOR

Rest Lawn Mem (Silcox-Merritt Funeral Service. Cumberland, Md

Lawn Mem Gardens

ardens LaVale Allegany Maryland

250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR GRANDE AND A 1982

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	FOR STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8	3 0	4 / 8
	1. DECEASED NAME FIRST	MIDDLE	LAS	1	26. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
	GLAD	YS GAY	COM	BS	DECEMBER	4, 1981	0330P M
~	3. SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
	Female	White	Jan.	17, 1902 TEAR	79	YRS	ATS TIOORS MIN.
35	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O		H MD.
150	10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, IN (IF NOT IN SUCH FACILITY, GIVEN MEMORIAL HO	VE STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING HEE) INDUS	nd of Business or itry wn home
xominer must be	USUAL RESIDENCE (IF NURSING HOME OF 13th COUNTY 13th C	egany Cum	berland	34. INSIDE CITY LIMITS? YES . NO . 5. MOTHER'S MAIDEN NA FIRST Elmira	136 STREET ADDRESS 135 N.	Mechanic	St.
medicol e	16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO. 1	7. INFORMANT	ADDRE		Rice land Md.
s ony injury, or other troumoti	Conditions, if only, which gove rise to immediate couse io), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION	SEQUENCE OF ASCVD NG TO DEATH BUT N TURLES, B	OT RELATED TO THE TERM		DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAL	NDINGS USED
ed or Item 18 show	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE) 214 IN JURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR 21f. LOCATION STREET	YES NO CONTROL NATURE OF INJUR	YES TO THE TEM TEM PART I OR PAR	NO [
MAPORTANT: If Item 21 is morke	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	or hiew the body ofter death. Sulleni	19 81 , ond	ATTENDING PHYSICIAN (deoth occurred on the do	te and hour and from 220. D	ALLE 81
1/81	DR. BOLLINO 23a BURIAL, CREMATION, REMOVA- (SPECIFY) BURIAL 24 FUNERAL DIRECTOR	Dec. 7, 1981	Hillcre	AETERY OR CREMATORY St. Burial [250. DA	RLAND, MARY 23d LOCATION CITY OF TOWN F. CLIMBER TE REC'D. BY REGISTRAR	county	state
	Will'fam G. Ki	ght, Cumber	Tand, Mo	1. 08	C 14 1981	Tources de	- Butter

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

FOR

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IMPORTANT: If them 21 is morked at Item 18 shows any

STATE OF MARYLAND

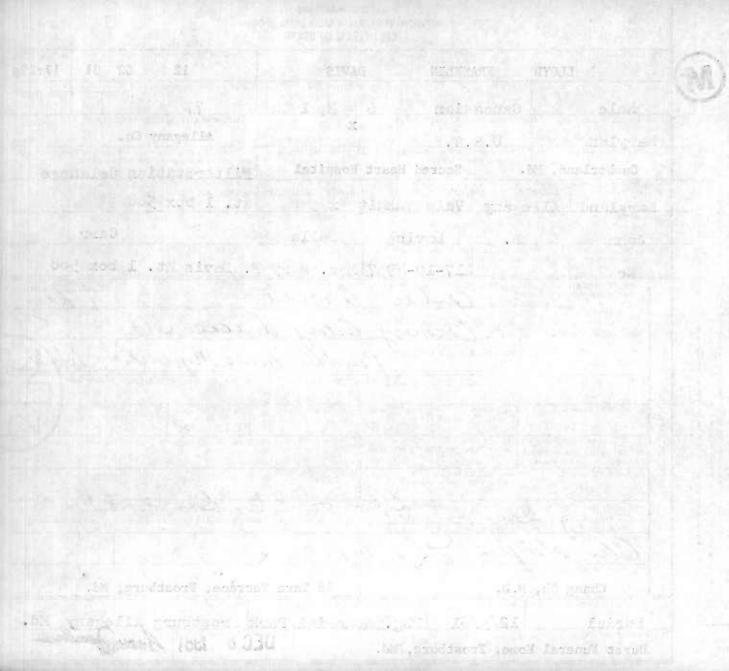
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			DEPA		EALTH AND MENTAL	HYGIEI	NE B REG. NO.	3 () 4	8 0
1. DECEASED NAME	FIRST		MIDDLE		LAST	2	O. DATE OF DEATH MONTH	DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	LLOYD	FRA	NKLIN		DAVIS		12	02	81	17:29p
3. SEX		4. RACE		S. DATE C		6.	AGE (IN YEARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS
Male	-13	Cauca	sian	MONTH	2 190		77 YRS	MONT	HS DAYS	HOURS MIN.
I. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9	BALTIMORE CITY OR COUN	TY OF	DEATH	
Maryland	1	U.S	.A.	WIDOW			Allegany (Co.		MD
10. CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION		0 USUAL OCCUPATION			F BUSINESS OR
Cumber1	and, M	(IFNOTIN SUC	Sacred	l Heart	Hospital		TYPE OF WORK FOR MOST OF WORKING Filterstatio		odustry Celar	lese
USUAL RESIDENCE (IF	NURSING HOME OR		130. CITY OR T		1 13d. INSIDE CITY LIMIT	S? 113	e. STREET ADDRESS	^		
Maryland	TIATI	egany	Vale	Summi	YES NO		Rt. 1 box 58	8		
14. FATHER'S NAME		-0			15. MOTHER'S MAIDEN	1 N AME				
John		P.	Dav	ris	Della		WIDDLE	0	arr	ı
160 WAS DECEASED E			166 SOCIAL SI	CURITY NO.	17 INFORMANT	130	ADDRESS			
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	217-10	-4957	Mrs. Mar	y E	. Davis Rt.	1 k	xoc	588
18. CAUSE OF DI	EATH (Enter onl				0	0			APPROXI	MATE INTERVAL

	NO -		10-475	LIL D. LIGIT A	T. Datas.			
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE O	Y: / 100	like	arres	6		BETWEEN ONSE	WAND DEATH
	Conditions, if ony, which	DUE TO, OR A87A CON	NSEQUENCE OF	artery o	disease	with		8
	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF	ssible 1	Reute Myo	Cardi	Cin	lenchion
200	PART 2. OTHER SIGNIFICANT CON	aditions <u>contributi</u> n	NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OF CON	DITION GIVEN	IN PART 1	
CEPTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO NO		ERE FINDINGS G CAUSES OF	
		21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM TB PART I	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	2 If LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	220.1 certify that (I) (this has pirel saw the deceased alive an	sec 2	1907 00	d that in (my) (our) opinion	on death occurred on the d	ote and hour on		t (1) (we) lost ses stated
	22b. SICHATURE 900	pun g	1/ 1/		MEDICAL STA		224. DATE SIG	NED
1	22d PHYSICIAN SMAME (TYPE OF	INT)		22e ADDRESS				
	Chang Oh, M	ſ.D.		48 Tarn	Terrace, Fro	stburg,	Md.	
23	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF CI	EMETERY OR CREMATOR	23d. LOCATION	re	DUNTY	STATE
	Burial	18/5/81	Fbg. M	emorial Ba	rk Frostbu	rg All	egany,	
24	FUNERAL DIRECTOR	- 45		250. 6	A TEREC'D, BY REGISTRAR		CASCHAIVED	Maker .
4	Durst Funeral Ho	me, Frostbu	irg, Md.		0500 1301	Transmi	W	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) HARRY NELSON DESHONG DECEMBER 28. 1981 5:30P 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MARCH 21 1920 61 MATE WHITTE Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED TISA ALLEGANY WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE CUMBERLAND INDUSTRY MEMORIAL HOSPITAL CHARCOAL PLANT SUPERVISOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STAMED. 13b POLETEGANY 13e STREET ADDRESS BOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST HARRY DeSHONG ETHEL STITTON 16a WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ATHLEEN DOSHONG RT.1 WESTERNPORT.MD. no 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A-CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 226.C NO F ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that ((this haspital) attended the deceased from sow the deceased alive on the bady after death and that in (my) Jaur) apinian death accurred an the date and hour and from the couses stated 00-19 77% SIGNATUR 77c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 276 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS FREDERICK W. MILTENBERGER CUMBERLAND, MD 122 S. CENTRE ST. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) BRHIAL £2/31/81 CUMBERLAND ALLEGANY RESTLAWN MEMORIAL GARDEN

DHMH - 16 50M 1/81 (VRA 15, 4)

BOALS FUNERAL SERVICE.P.A.WESTERNPORT.MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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HOLES FOR HOLD STRING . P. A. SHEERS NOW . P. D.

Lavale, Md. 21502

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

John J. Hafer, Jr.

(VRA 15, 4)

- STATE

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the should be detached far use as the buriol-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be five

should be detoched for use as the buriol-transit permit. Then please remave corbon paper with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval

IMPORTANT: If them 21 is marked ar Item 18 shows any

injury, or other troumatic event, the

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STATE OF MARYLAND

1	- STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	0 4 0 4
1	1. DECEASED NAME (TYPE OR PRINT) FIRST Clara	Victoria	Drew	12/16/81 MONTH	DAY YEAR 26 HOUR 5;15p M
	3. SEX Female 4.	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 84	IF UNDER 1 YEAR IF UNDER 24 HRS
	70. BIRTHPLACE (STATE OR FOREIGN 7b Montell	America	MARRIED NEVER MARRIED WIDOWED NOVORCED	9 BALTIMORE CITY OR COUNTY Allegany	OF DEATH
	10. CITY OR TOWN OF DEATH	Frostburg Com	munity Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 13b. COUNTY Alle	regany Cumberlar	nd 134 IN: IDE CITY LIMITS?	Rt. # 1 Locust	Grove,
			- Continue	WIDDLE	Duckworth berland, Md.
0.00	(YES, NO OR UNKNOWN) (IF YES, GIVE W			W. Drew. Locust	
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NOTIONS CONTRIBUTING TO DI 19b. CONDITION FOR WHICH C	NCE OF	20g AUTOPSY? 20b. IF YES	EN IN PART 110- 5, WERE FINDINGS USED YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NOW YE	S NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. AONTH DA' P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
	220. I certify that (1) (this haspital saw the deceosed alive an abave, (1) (we) (did) (did not) v	19	, 19, and that in (my) (our) apinion o	, ta, deoth occurred on the date ond how	19, that (!) (we) lost r and from the couses stated
	22b. SIGNATURE	9 - M. D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/16/81
	Dr. M.Gonzaga	*	Frostburg M	1d 5 E. Main St.	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		eenmount Cem.	23d. LOCATION CITY OR TOWN Cumberland, Al	legany Maryland
	24 FUNERAL DIRECTOR NAME H. Wayne George 20:	2 Greene St. Cw	21502 250 DAT mberland, Md.		RAR'S S CHATURE /

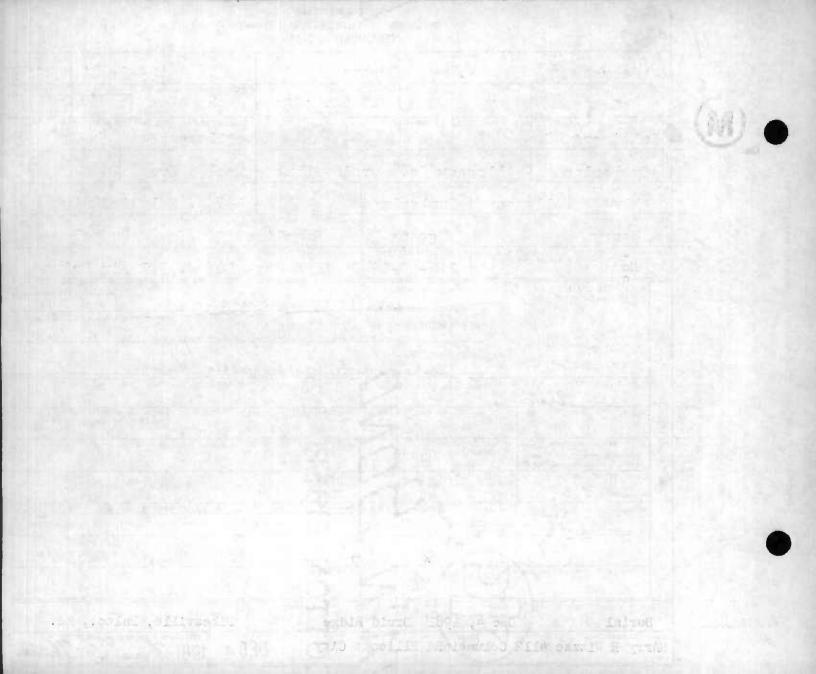
DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	- STATE REGISTRAR				CERTII	FICATE OF D	EATH		REG. N	0.			
		CEASED NAME	FIRST	AM	T. FR	IDINGE	R		OCOT!		2,	1981 YE	26 HOL 3:5	
1	3 SE			4. RACE		5. DATE	OF BIRTH H DAY	YEAR	6. AGE (INYE	ARS LAST BIF			YEAR IF UNDER	R 24 HRS
2/	1	Male IRTHPLACE ISTATE OR I COUNTRY)	FOREIGN		WHAT COUNT	MARRIE	DE NEVERA		9 BALTIMOR	E CITY C	60 YR	NTY OF DEAT		
20 diffeed of	10. C	aryland ITY OR TOWN OF DEA UMBERLANI			HOSPITAL, NUI		OR OTHER INST	VORCED	120 USUAL O (TYPE OF WORK Doctor	FOR MOST O	F WORKIN	12b. KINDUS	egany ND OF BUSINI STRY Dentis	
ag SE	13a. S	AL RESIDENCE (IF NURS STATE aryland ATHER'S NAME	136 COUN	other institution	13c. CITY OR T	OWN	13d INSIDE C	ITY LIMITS?	13e. STREET A 808 Bu	DDRESS	-			
// exdmi		FIRST Irvin		M		dinger		FIRST Mary		MIDDLE E			Kopp	
medico		WAS DECEASED EVER (YES, NO OR UNKNOWN)		E WAR OR DATES)		1-6735	Mrs. B		A. Fri	ding	0		kingha and, M	
injury, ar other troumotic	NO	Conditions, if ony, gave rise to imm couse (a), stotin underlying cause	nediate g the lost.	(b) DUE TO, C	DR AS A CONSE	QUENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE	OR CON	DITION	GIVEN IN PAR	RT 1(a	
ows ony ii	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOR	PSY?	206. IF IN CER	YES, WERE FILE	NDINGS USEL USES OF DEAT	TH?
or Item 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFF	19	21c. HOW IN.	JURY OCCURE	RED PENTER NATU	URE OF INJU		IB PART OR PAR	lem a j	STATE
n 21 is marked	2	22a I certify that (I) saw the decease abave, (I) (we) (s	(this haspited of olive on	ral) attended t	he deceased fro	m />	nd that in (my)	19 9-	to	an the d	ate and h	, 19 Phaur and from	that (1) (v	
ZT: If Iten		22b. SIGNATURE	X	ali	my		DEGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN []	120.0	-/3/	Pi.
MPORTANT		DR. PE		HALMOS			22e ADDRES	INE IN	ORIAL BERLAN				215	502
		BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF	EMETERY OR C	REMATORY		ION R TÖWN		COUNTY		STATE

DHMH - 16 50M 1/81 (VRA 1S, 4)

BP

Burial

Oct 6,1981 Rest Lawn Mem Gardens ADDRESS 404 Decatur CT 5 1981 Zience 24 FUNERAL DIRECTOR St

Silcox-Merritt Funeral Service. Cumberland, Md

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UATIGED DATES					

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20 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) MARGARE		MIDDLE	LAST	20. DATE KNOWN A	ONTH DAY YEAR 75 HOUR 12/19/81 1441
ON STREET	J. SEX	F Cau	S. DATE OF BIRTH	7 YEAR 64 AST BIRTHDAY) MOI	JNDER 1 YR. IF UNDER	PRONOUNCED DEAD 12/:	DNTH DAY YEAR 2d. HOUR 19/81 19 144 %
FUNERAL 5 FOR W. PREST	FO	RTHPLACE (STATE OR REIGN COUNTRY) Penna.	U. S.	A. WIDO		Allegan	Y MD.
WIT PAGES 1 AND 2 SHOULD BE FILED, W WE, DIVISION OF WAT RECORDS, 201 W. F		TY OR TOWN OF DEATH Cumberland	Memori	SPITAL, NURSING HOME, OR O' ACHITY, GIVE STREET ADDRESS) Al Hospital	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) HOUSEWIJE,	OR INDUSTRY OWN Home,
SECORI PE	13a S	RESIDENCE (IF IN NURSING HOME OF TATE 13b COUN Alle	r other institution, G TY gany	13t. CITY OR TOWN LaVale	13d. INSIDE CITY LIMITS? YESXX NO	13e STREET ADDRESS Ave.	13
O VATA		THER'S NAME Francis	AND LE	Myers	15. MOTHER'S MAIDE	N NAME MIDDLE	McColligan
AGES 1	16s. V	VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO. 172-16-8241	Mr. John	F. Gaff, 18 Park	Ave. Lavale, Md
PENDING IN FEMOLEM 15 FANDING IN 15 FEMOLAL. IL CREMATION, OR REMOVAL.	NO	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u>	TE CAUSE (a) V DUE TO, OR (b) C DUE TO, OR (c)	entricular f. AS A CONSEQUENCE OF ORONARY ARTE: AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE	ry heart d	isease	1 hr 16 yrs
E CHIEF N BE USED A NT OF HEA BURIAL, C	MEDICAL CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPERATION			20 AUTOPSY?
DED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H 1 PRIOR TO BURIAL,	ICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M	A. MONTH DAY YEAR		D (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
PAGE 3 S TATE DEP 21201 PR	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY (ATHOME. 211 L TORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	23a.Bi	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2 BECEN.	al Snow,	M. D. 23c. NAME OF CEMETERY	Hamicide TITLE (SPECIFY) M.D. Ast. Dp. ADDRESS Memorial OR CREMATORY	Undetermined manner , Lymedical examiner S ial Hospital, Cum	berland, Md.
BP DHMH-17 (VR A15 ME (5))	74. FI	(PECIFY)	12/23/81	Restlawn Me	emorial Gar.	Cumberland, Aleco. By Registrar 236. Registrar 236. Registrar	9 -

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MPORTANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2h HOUR LTYPE OR PRINTS GENEVIEVE 8:30 Am WASHINGTON GATES DECEMBER 3 SEX 4 RACE 5. DATE OF BIRTH Oct. 31, 1904 EAR Female Negro 77 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA ALLEGANY COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired C&P elephone Cumberland SACRED HEART HOSPITAL Allegany Cumberland 503 Greene Street Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hite Washington Martha Magruder 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 218-16-4256 Dolores G. Thomas

			· anomae			
18 CAUSE OF DEATH (Enter only of PART). DEATH WAS CAUSED B IMMEDIATE C	114/ - // /	M slegil	jelona		BETWEEN ONSET	AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	9	O			0
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	V PART 110	
190 date of operation	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WE IN CERTIFY INC	RE FINDINGS U G CAUSES OF D	JSED EATH?
2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN TEM 18 PART I	OR PART 2)	
21d INJURY OCCURRED WHILE OT WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
22a.1 certify that (1) (this haspital) sow the deceased alive on above, (1) (we) (did) (did not) vi	DOG 5 19 81 00	od that in (my) (our) opinion		ote and hour and		
22b. SIGNATURE		DEGREE	- MEDICAL STA		22c. DATE SIGN	ED

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR CUMBERLAND, MARYLAND KIGHT FUNERAL HOME 309 DECATUR STREET

WAYNE SPIGGLE, MD.

230 BURIAL, CREMATION, REMOVAL

Burial

1981Restlawn Mem.GardensLaVale.Allegany (pareso)

912 SETONDRIVE, CUMBERLAND, MD. 21502

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

BATTETT TEATH TEATH CHICAGO SANDAR SANDAR SANDAR and the second that he had TYPE OF THE STATE SIZ SETTIORING. CATERIARS, Mr. 21500

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I. DECEASED NAME FIRST						
		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
JOSEP	HINE !	FRANCES	GRAY	DECEMBER 3,	1981	0925
. SEX	4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	e 1	Nov. 4, 1917	64	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9. BALTIMORE CITY OR COUN		
Maryland	USA	M	ARRIED NEVER MARRIED			
CITY OR TOWN OF DEATH			DOWED DIVORCED DIVORCED DIVORCED	Allegany		MI
CUMBERLAND	ME	MORTAL HOS	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	LIFE) INDUSTRY	tile
Sound RESIDENCE (# NURSING HOME OF 30. STATE 136 COU	DROTHER INSTITUTION JULY Legany	13c. CITY OR TOWN Cumberland	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 506 Boyd Av		
I. FATHER'S NAME	ALDDI C	LAST	15 MOTHER'S MAIDEN NA	ME		
John E				Molinari	LAS	T .
(YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16b. SOCIAL SECURITY		ADDRESS		
no		220-03-792	22 Mrs. Jean S	hreve, Cumberla	nd, Daugh	ter
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per	Ime for (a), (b), and (c).)	1		BETWEEN	MATE INTERVAL
	ATE CAUSE (0)	Acute ani	teria wall I	marct		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUENCE R AS A CONSEQUENCE		IN ALDISEASE OF CONDITION O	TIVEN IN DARY 1	
	genic	shock	2 DOT THE RECARD TO THE TERM	IN AL DISEASE OR CONDITION C	MARIA IIA LAKE 110	
Continue		ITION FOR WHICH OPER	PATION WAS BEREORAED	20a AUTOPSY? 20b. IF Y	CC WERE ENTER	
190 DATE OF OPERATION			KATION WAS PERFORMED	IN CER	'ES, WERE FINDIN TIFYING CAUSES YES: [7]	OF DEATH?
210, ACCIDENT WAS UNDERLYING	21b. TIME O HOUR A.	FÎNJÜRY M. MONTH DAY Y M.	21c. HOW INJURY OCCUR	IN CER	TIFYING CAUSES YES [IGS USED OF DEATH? NO []
OR CONTRIBUTING CAUSE OF DE	21b. TIME O HOUR A. ER) P.	M. MONTH DAY Y	YEAR 19 21f. LOCATION	YES NO	TIFYING CAUSES YES [OF DEATH?
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME O HOUR A. ER) P. 21e. PLACE (AT HOME STE	M. MONTH DAY Y M. OF INJURY REET, FACTORY, OFFICE, FARM, E	YEAR 19 21f. LOCATION	YES NO IN CER	TIFYING CAUSES YES 8 PART I OR PART 2) COUNTY	OF DEATH? NO STATE
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHIRE AT WORK 22a.1 certify that (1) (this hosp sow the deceased alive as	21b. TIME O HOUR A. FR) P. 21e. PLACE (AT HOME STR	M. MONTH DAY M. OF INJURY CEET, FACTORY, OFFICE, FARM, ET e deceased from	21c HOW INJURY OCCURE 19 21f. LOCATION STREET 12 - 2 19	YES NO IN CER	TIFYING CAUSES YES 8 PART I OR PART 2] COUNTY	OF DEATH? NO STATE
OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hosp	21b. TIME O HOUR A. FR) P. 21e. PLACE (AT HOME STR	M. MONTH DAY M. OF INJURY CEET, FACTORY, OFFICE, FARM, ET e deceased from	21c HOW INJURY OCCURE 19 21f. LOCATION STREET 12 - 2 19	YES NO IN CER NO CERT NATURE OF INJURY IN ITEM I	TIFYING CAUSES YES 8 PART I OR PART 2] COUNTY	STATE that (I) (we) lascouses stated
OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE AT WORK AT WORK 270.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did in	21b. TIME O HOUR A. FR) P. 21e. PLACE (AT HOME STR	M. MONTH DAY M. OF INJURY CEET, FACTORY, OFFICE, FARM, ET e deceased from	21c HOW INJURY OCCURE 19 21f. LOCATION STREET , ond that in (my) (our) opinion of DEGREE	YES NO IN CER YES NO CERTER NATURE OF INJURY IN ITEM	COUNTY 19 6 7 22c. DATE	STATE that (I) (we) los couses stated SIGNED
OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not	21b. TIME O HOUR A. FR) P. 21e. PLACE (AT HOME STR	M. MONTH DAY M. OF INJURY CEET, FACTORY, OFFICE, FARM, ET e deceased from	21c. HOW INJURY OCCURE 19 21f. LOCATION STREET 22 19 . ond that in (my) (our) opinion of DEGREE M. ATTENDING PHYSICIAN 22e ADDRESS MEN	YES NO IN CER YES NO IN CER CITY OR TOWN TO 72 - 3 THE DICAL STAFF DIRECTOR PHYSICIAN IN THE MINISTER IN	COUNTY 19 22c. DATE 12 - 3 AL MED	STATE that (I) (we) las couses stated SIGNED 3 -8 (I CAL BI
OR CONTRIBUTING CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not	21b. TIME OF HOUR A. HOUR A. P. 21e. PLACE (AT HOME STR DITOI) ottended th D. OPPRINT) OPPRINT) OPPRINT)	M. MONTH DAY N. M. OF INJURY REET, FACTORY, OFFICE, FARM, ET e deceosed from 19 ofter deoth.	21c. HOW INJURY OCCURE 19 21f. LOCATION STREET 22 19 . ond that in (my) (our) opinion of DEGREE M. ATTENDING PHYSICIAN 22e ADDRESS MEN	YES NO IN CER YES NO IN CER CITY OR TOWN TO 72 - 3 THE DICAL STAFF DIRECTOR PHYSICIAN IN THE MINISTER IN	COUNTY COUNTY	STATE that (I) (we) las couses stated SIGNED 3 -8 (I CAL BI

DHMH - 16 50M 1/81 (VRA 15, 4)

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etoined by the hospitol or atte TO FUNERAL DIRECTOR: After

BP.

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Н	REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO)		
	T. DECEASED NAME FIRST WALTER	DENVER		HRIE		MONTH DA	81	26 HOUR 10:37P _M
	Male	White	S. DATE O	F. 11°, 1911°	6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
1	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR ALLEGANY	COUNTY		MD
2	Cumberland	11. NAME OF HOSPITAL, NU (IF NOT INSUCHEACHLY, GIVES) SACRED HE			120 USUAL OCCUPATIO		126 KIND OI INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE IF NURSING HOLE OF 130, STATE	rother institution give residence B NTY 134 CITY OR T SCHE!	OWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS Rural.		113	
2	Clinton Ea	arl Guth	erie	Bessie V.	Seymour.		LAST	
	160 WAS DECEASED EVER IN U.S. AR		26-059	O Lilly B.	ADDRES		rr W.	Va.
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS TONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	ray Ev	Mh Whiti	ITION GIVE	A WE	eh.
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED			WERE FINDIN	
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINET OF UNITED WHILE NOT WHILE		19	216 HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJURY		eounty	STATE
	27a. I certify that (I) (this hasp		The state of the s	nd that in (my) (our) apinion of	ta	2 , 19	- 1	that (I) (we) last
	22b. SIGNATURE	W V		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	: AN []	22c. DATE S	SIGNED (1981

SIVAN A. PILLAI, M.D.

Maysville

915 SETON DRIVE, CUMBERLAND, MD. 21502

230 BURIAL CREMATION REMOVAL

23c NAME OF CEMETERY OR CREMATORY

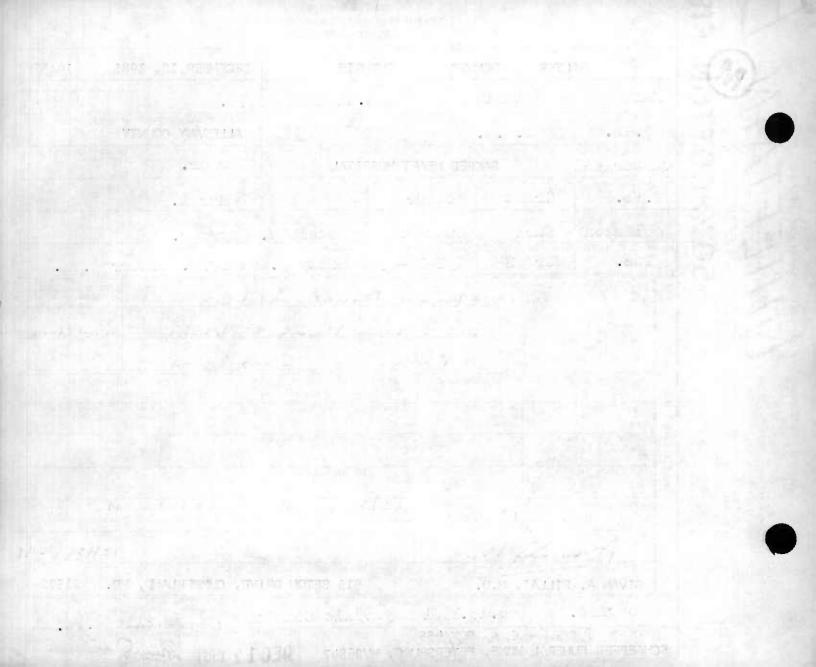
23d LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or he should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

FOR - STATE

PETERSBURG, WV26847



8			FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8	3049	e de
	C3		DECEASED NAME FIRST (TYPE OR PRINT) Saral	MIDDLE G		adley	12/15/81	26 HOUR 4:00	
- 2545	(1)	3	female	4. RACE White	5. DATE C	729/01 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		MIN.
0	heath Pa	35	(S ATE OR FOREIGN . COUNTRY) Md	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH	M
201	by the filled with	5/	Frostburg	11. NAME OF HOSPITA	Community		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired Co	I2b KIND OF BUSINESS INDUSTRY Dunty Home	SOF
rLAND 21	thin 24 havely filled in should be ner must be	35	USUAL RESIDENCE (IF NURSING HOME 130. STATE 130. COL Md A1	UNTY 13c. CITY		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS 2 Sunnysi	de Drive	
MAR	ed wife	10	John	MIDDLE	ae	Jean	WIDDIE	Abbett	
TIMORE,	be execut on and co	1	60 WAS DECL . ED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C		215-16-432	17 INFORMANT J Mallery 4	8 Tarn Terrace,	frostburg. Mo	d
IST., BAL	certificate ng physicic banpaper: remaval.		18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	ED BY	a), (b), and (c).)) pole		APPROXIMATE INTERVI BETWEEN ONSET AND DE	AL EATH
01 W. PRESTON	that the death of the attending of the attending of company or		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A C	Freero.	Leced fix	flissie.	es dece !-	- •
ORDS, 20	een signec it. Then pl iar ta buri		PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION		TING TO DEATH BUT		MALDISEASE OR CONDITION		
L REC	has b perm perm ine pr	4	E DATE OF OFERATION	190. CONDITION FO	K WHICH OFEKATIO	A MAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH	?

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a & certify that (1) (this hospital) attended the deceased from sow the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinion death occurred on the date and haur and Iram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Gonzaga 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Frestburg 12/18/81 Burial Memorial Park 24 FUNERAL DIRECTOR

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After

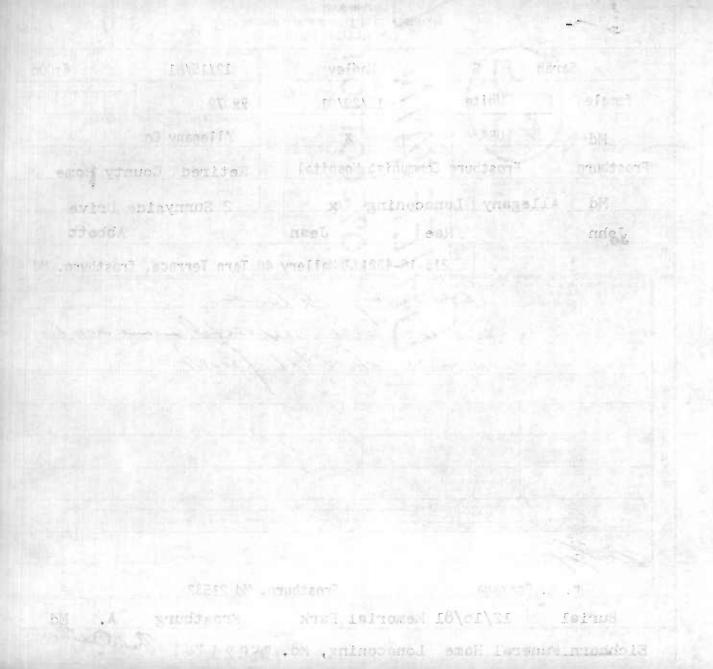
for use as the burial-transit of Health and Mental Hygi

should be detached with the State Dept.

IMPORTANT.

marked or Item 18

Eichhorn Funeral Home Lonaconing,



1	-	FOR STATE REGISTRA
1	-	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(2)	- 1
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		REGISTRAR		CERTII	FICALE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST CHAP	RLES W.	HANAWA	ALT	DECEMBER	MONTH DAY		26. HOUR 12:12P
	3. SE	Male	4. RACE White	Marc	of Birth 5h 24, 1913	6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	Ma.	ryland	76 CITIZEN OF WHAT COU USA	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	-	FDEATH	MD.
2	C	UMBERLAND	11. NAME OF HOSPITAL, I	HUSPITA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY Tire I	ndustry
5	130 S Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Alle	ITY 13c CITY O		13d. INSIDE CITY LIMITS? YES NO [13e. STREET ADDRESS 874 Mary	land A	ve.	
1		Charles W.	Hanawalt	AST		e Langley		LAST	т
		VAS DECE ASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE		-07-4709	Mrs. Anna Ma	e Hanawalt,	-	rland,	Mother
	7	Conditions, if ony, which	y one couse per line for (o), BY: E CAUSE (o) DUE TO, OR AS A CON	recomme	ند			BETWEEN C	MATE INTERVAL PASET AND DEATH
	NOI	gove rise to immediate couse lol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT	. 7	in al disease or Cone)ITION GIVEN	IN PART 1(c	»
1	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		VERE FINDIN	
1	MEDICAL CER	ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) TIGHT IN JURY OCCURRED		H DAY YEAR	21c. HOW INJURY OCCURR 211. LOCATION	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART ?)	
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,		STREET	CITY OR TO		COUNTY	STATE
		220.1 certify that (1) this hospit- sow the deceased alive an above, (1) we) (did) and not 22b. SIGNATURE		19_81,01	nd that in (my) (our) opinion o	death occurred on the do		nd Irom the c	
		Bol	len.	2	PHYSICIAN L	MEDICAL STAF	F IAN 🗌	220. DATE S	SIGNED Ce 89
		DR. ANTHONY		JR		REDERICK			502
	- (URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 12-18-1981		est Burial Par	23d LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If he

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

250 DATE REC'D. BY REGISTRAR 256 POISTRAR GNATOR

DECEMBER 15. 1901 12:1	CHARLES M. HAHAVALT
THE STATE OF THE S	US depart at the state of the
www.elli x	AUU - The Committee
dentri eci (fozitali	CUMBERLAND MEMORIAL HOSRITAL
. dwa bred runk 476	r Boatradoud vermalia bestvert
Anna line Larvier	Minumpel 10 mafeeds
. Ames Hee Marrialt, Cumberland, lothe	and outstanding out
955 FREDERICK STREET CURRERLANG, MARYLAND 21505	DE, ANTHONY J. SOLLING JR
. W. white the State South State Colour	urial 12-18-1951 Hillerest B
The state of the s	. drafternos (Migrant . acesto

BP.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REGISTRAR				CERTIF	ICATE OF L	PEATH		REG. N	0.				
	CEASED NAME	FIRST		WIDDLE	i.	LAST		2a. DATE C		MONTH	DAY YEAR	R 2b	HOUR	
[149]	E OR PRINT)	LUTHE	? (CLAIR	НО	FFMAN		DEC	EMBER	17.	198	1 7	:10	AI
3. SE	X	4	RACE		5 DATE C			6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 Y	EAR IF	UNDER 24	
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≱ a. 8	IRTHPLACE STAT	E OR FOREIGN 76		WHAT COUNTRY?	8				ORE CITY C		Y OF DEATH	1	_	
P	ennsylv	ania	USA		MARRIE	D A NEVER	VORCED	Al.	legan	y Co	unty			MD.
	ITY OR TOWN OF			HOSPITAL, NURSIN	G HOME C		hand.		OCCUPAT		126 KIN			
C	UMBERLA	ND. MD	100	CHEACILITY, GIVE STREET	HOSP	IATI		Penn	BK FOR MOST	cial	dery	Pic	9	
USU 130	AL RESIDENCE IF		/	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hynd.ma	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS	utha	mpton			
14 F/	ATHER'S NAME	100000	74 6 4	my ridina	119111	-	MAIDEN NA	ME	1 1	AN OIL NOW	THE WORL	7 11	own:	shi
W	illis H	offman"	DDLE	LAST		Minn	ie Sm	ith	MIDDLE			LAST		
		VER IN U.S. ARMI		16h SOCIAL SECU	RITY NO.	17. INFORMA	NT	8-101	ADDRI	SS	RD#1	ВС	X.	374
	YES OR UNKNOW	Jan 4	3-Mar	488-03.	-383	2 Mr	s. Ma	ry T.	Hof	fman	, Hyn	dma	an.	Pa
	Canditions, if gave rise to couse 101, sunderlying c	immediate toting the ouse last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	nce of	NOT RELATED	TO THE TERM	IINAL DISEA	SE OR CON	DITION GI	VEN IN PART	I Ito		
0	Cham	e los	in h	netrame										
CERTIFICATION	190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?	IN CERT	S, WERE FIN IFYING CAUS ES []	SES OF		?
1		CAUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART 1 OR PART	2)		
MEDICAL	21d. INJURY OCC	CURRED OT WHILE T WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	ON		CITY OR TO	WN	COUNTY		STAT	TE
	saw the de	t (I) (this hospital ceased alive an_ ve) (did) (did nat)		e deceased fram_ 2 - 17 19_ atter death	8 (. or	2 - 6 nd that in (my)	, 19_ <u>8</u> ((our) opinion (death accurr	ed an the de	- 17 ote and ho	ur and from		(I) (we ses state	
	226. SIGNATURE		mes	L (DEGREE	TTENDING PHYSICIAN	MEDICAL DIRECTO	STAI			ATE SIG		31
1	224. PHYSICIAN	SNAME (TYPE OR P	RINT)	1		22e. ADDRES	5	DIAL			DILTER			

DR. ROBUSTIANO BARRERA

MEMORIAL MEDICAL BUILDING

230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION RD, 2 STATE Dec. 19,1981 Comps Cemetery Hydram, Somerset, Pastate

DHMH-1650M 1/81 74 FUNERAL DIRECTOR

IMPORTANT: If Hem 21 is morked or Item 18 shows any

FOR - STATE

Harvey H. Zeigler, Hyndman, Pa. 15545

UEC 24 1981 Zances Va. Watte

117, 1901 7:10	ERMED BO	HOFFMAN	STATE	nativu	
		MOSELLET			
	Top As				
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ICAL BUILDING	MEHORIAL MED				DR. RODE

DHMH - 16 50M 1/B1 (VRA 15, 4)

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND
REGISTRAR	CERTIFICATE OF I

AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	10.					
LITARDERO	AUCIDIUTIO	DAY	v£.	D 01	HOUR	7

		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	FRANK	EDWARD	HOSTET	ILER	DECEMBER :		00:15A
3. SEX Mal	.e	White	S. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
Garre	tt, Pa.	L CITIZEN OF WHAT COUN	MARRIE		9 BALTIMORE CITY O		M
Cumber	land	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE SACRED HEAR	STREET ADDRESS)		THE OF WORK FOR MOST OF WELDER		of BUSINESS O
Pa.	Som 6	IT IS INSTITUTION GIVE RESIDENCE IN SET IN SALI		134 INSIDE CITY LIMITS?	130 STREET ADDRESS Ord St		
14 FATHER'S NA FIRS	k A	Hostetle		is mother's maiden na	MIDDLE	Pritts"	AST
Y'ES NO OR UN	ASED EVER IN U.S. ARM (KNOWN) (IF YES, GIVE Y KOTE	WAR OR DATES!	SECURITY NO. 28-1868	Helen V H	ostetler	ss Salisbury	/. Pa.
gave ris cause (underly)r	ns, it ony, which se to immediate on, stoting the ag cause last	DUE TO, OR AS A CONS		c com			
	THER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART 1	(a
	OF OPERATION	196 CONDITION FOR W			20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
PO TATE OF CERTIFICATION OF CONTRIL (IF EITHER 21d, INJUR 21d, INJ		196 CONDITION FOR W	HICH OPERATION H DAY YEAR 19		20a AUTOPSY?	206, IF YES, WERE FIND IN CERTIFYING CAUSE YES THE YES TO PART 2)	INGS USED
WHILE AT WORK 22a L certisons of the cer	OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) YOCCURRED NOT WHILE AT WORK If that (1) (this hospito the deceased alive an 1, (1) (well that not)	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 FFICE, FARM, ETC.) rom 2-(1)	21t. HOW INJURY OCCUR 21f. LOCATION STREET 4 4 that in (my) (aur) apinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV death accurred on the do	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES YIN ITEM IB PART I OR PART 2) WN COUNTY To and hour and from the	INGS USED S OF DEATH? NO STATE , that (1) (we) loe couses stoted
WE SITHER 190 DATE (OF OPERATION ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) YOCCURRED NOT WHILE AT WORK If that (1) (this hospito the deceased alive an 1, (1) (well that not)	216. TIME OF INJURY H HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 FFICE, FARM, ETC.) rom 2-(1)	21t. HOW INJURY OCCUR 21f. LOCATION STREET 4 4 that in (my) (aur) apinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV , to	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES YIN ITEM 18 PART 1 OR PART 2) YOUNTY TO ONLY TO ONLY 22c. DATI	INGS USED S OF DEATH? NO STATE , that (1) (we) loe couses stated

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>	1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE () "F	0 0 0 0
		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 . 7 0
n ne father		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
og All MAR	0	ALLE	N SAMUEL	HOTT	DECEMBER 4, 198	1 10:40 R
e 4 a	I SE	X Male	4.RACE White	5. DATE OF BIRTH June 8, DAY 1932	49	IF UNDER 1 YEAR IF UNDER 24 HRS
Pog p, od e	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH
oth.		country) eadsville.W.Va	U.S.A.	MAKKIED WINEYER MAKKIED	ALLEGANY COUNTY.	
ed for		ITY OR TOWN OF DEATH	LE NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
by the filled w		Cumberland	SACRED HEART	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE Retired	INDUSTRY
hour Hour	13a	AL RESIDENCE (IF NURS DIE OR COUN	TY 13c. CITY OR TOW		13e STREET ADDRESS	
filled nould be		W. Va. Miner		YES X NO	15 A St.	
etely 2 sh	14. F	ATHER'S NAME	NIDDLE LAST	15 MOTHER'S MAIDEN N.		
completely s I and 2 s	14- \	Samuel \	V. Hott	Anna		ilson
Pages Medical			WAR OR DATES)		ADDRESS	
e me	100	No	232 54	4506 Edna Leas	sure RD 3 Rawlin	ngs, Md.
icate boper ovol.		18 CAUSE OF DEATH Enter onl	y one cause per line for (a), (b), and BY:	dicui	/ 1/2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physican and poper emovo event,		IMMEDIATE		e Bronduly c	theely nevery	
or r		4140	DUE TO, OR AS A CONSEQUE	NCE OF ain was	y ostruction.	
e death ce attendin nave carb otion, or traumatic		Conditions, if ony, which	((b) Poulon	omany Cangestran	~	
the the		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF		
that the distribution of the construction of t		underlying cause last.	200 Delle		C. V. J -	
0 7 0		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION GIVE	N IN PART UP
The si	S				WILL DISEASE ON CONDITION ONE	THE PART TO
beer mit.	1 5	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES.	WERE FINDINGS USED
ws need w	표				IN CERTIFY	ING CAUSES OF DEATH?
SICIAN: The ag physicia certificate hindl-fransit ental Hygie litem 18 sho	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN JURY OCCUR	YES NO YES	NO NO
PHYSICIAN: T ending physici this certificate te burial-fransis ad Mental Hygi d ar Item 18 sh		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR	TEMER MATORE OF INJURY IN JIEM IS PA	RI I OR PAKI ZJ
ding is cert burial Menta	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.	19		
	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING ar ath se as the calth ar marker			al) attended the deceased from_	19	to	9, that (1) (we) last
ATTENU aspital ECTOR: d far us f. of He m 21 is		saw the deceased alive an above. (b) live (did) (did out			death occurred on the date and hour	
hasp hasp hed f ept. c	10	77h. SIGNATURE - 1 4	view the trosty offer death.	DEGREE		22c DATE SIGNED
he Dock		- loge he	need	ATTENDING	MEDICAL STAFF	
by the by the ERAL edete dete State	1	22d. PHYSICHAN'S NAME (TYPE OR	001h171	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	5 Dec 81
FUNER FUNER by FUNER by FUNER by the Str						
retained by to FUNERAL should be defined by with the State		ANTHONY DEMUNE	CAS	201 WASHING	GTON ST., CUMBERLA	AND, MD
F 5 F 8 2 Z	23o I	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	nada W Va
BP		(SPECIFY)Burial	8 Dec 81 Qu	leens Bint Point	Keyser Mine	raily W. Va STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAMEALLEN M. ROTRUCK

KEYSER, W. VA.

23c NAME OF CEMETERY OR CREMATORY
Queens Rinz Point 23d LOCATION Keyser Minerally y Vaciate

THE PARTY OF THE PROPERTY OF YT SEE WINELING to a state della Xanta non la la lapanta rockles A. Ditter 1965 1965 1965 . Die 14 6300 . Die Longues und 2 Royllings auf. Courte Bronderth it Thick mount and the same rests beene errouge 81.0468-ACTION CEMBERAS . TO VICE PROPERTY OF A STREET AND A STREET ASSESSMENT ASSESS Period to Dec Will Sween wint Point toyen Mineral M. Vin. Company to the Company of the Compan

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3	- 5	OR STATE REGISTRAR					I AND MENTAL H	(3)	3 () 4 9	1
I.	DEC	EASED NAME OR PRINT)	FIRST		WIDDLE		LAST	2a. DATE KN		DAY YEAR	26 HOUR
25.55.25 25.25 25.25	(118)	Hui-	-ting				Jen	OF E	ATED 12	-25 ₁₉ 81	12 13
EN ON	. SEX	M 4. RAC	U U	5. DATE OF BIRTH			NDER 1 YR. IF UNDER	MIN: PRONOUNCE DEAD	12-	19	12 13
¥ 8 9 1	7a. BIF	THPLACE (STATE OR EIGH COUNTRY)		76. CITIZEN OF WE		8. MARR	IED NEVER MARRI	ED LATTO	gany Cour		MD
1878 1		mberland			PITAL, NURSING HOACILITY, GIVE STREET ADDRESS Heart Hoar		HER INSTITUTION	12a. USUAL OCCUPAT FOR ALOST OF WORKING Retire	ION (TYPE OF WORK LIFE)	12b. KIND OF BU OR INDUST	ISINESS RY
OF WIAL RECORDS,	JSUA 3a. ST	L RESIDENCE (# IN NI ATE Md	113h COUNT	OTHER INSTITUTION, GI	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4 Richa	rd Way		
14	4. FA	THER'S NAME	•	Chung J			15. MOTHER'S MAIDE			LAST	
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IE, DIN		18. CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED	one cause per line BY:	for (a), (b), and (c).)	4.	~			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ALON T PER OVAL		9350	MMEDIATE		AN A CONSEQUENCE	OF	71.				
INCIL IN ITEM AINER ALON TRANSIT PER VIAL HYGIEN OR REMOVAL		Conditions, if gave rise to		(b)	Lauguig	- Se	Il wife	icted.			
MENT O MENT ON, OR		lying couse last		DUE TO, OR	AS A GONSEQUENCE	OF					
AS A BURIAL - TRAN EALTH AND MENTAL CREMATION, OR RE	N	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).		11471	
AL, CRE	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTOPSY	?
BE USED VT OF HE BURIAL,	RTIF	21g. EXTERNAL CAL	ICE VALA C	21b. TIME OF	Tall Prov	121-11	014/11/11/11/11/11/11/11/11/11	D LENTER NATURE OF INJURY		YES 🗆	NO
		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M	. MONTH DAY YEA	AR		D (ENTER NATURE OF INJURY	IN TIEM IS PART I OKP	ARI 2)	
TATE DEP	MEDICAL	WHILE AT WORK AT W	WHILE D		OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	C	OUNTY	STATE
FORWARD OR: PAGE THE STATE (ND, 21201		22a. I certify that	I took chorge	af the remains des	cribed above, held an	Autop		n 📈 , Inquiry 🔀	and in my o	pinian	
RECT VITH 1		death resulted from	m: Naturo	ol causes .	Accident	Suicide X		Undetermined manne	er 🔲,		
HOUL NATH, W		ACTUAL SIGNATURE	licho	elas C	-aut	5 N	A.D. Defut	 MEDICAL EXAMINI	DATE SIGN	IED 12-2	26-81
PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BATTIMORE, MARYLAND, SAIT	100	EXAMINER'S NAME (TYPE OR PRINT)	NICHOL	AS GIARI	TTA, MD		ADDRESS Sacre	ed Heart Ho	spital		
	73a Bl	RIAL, CREMATION,	REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY C	OR CREMATORY	23d. LOCATION CITY OR TOWN			TATE
¥ ₹ 8 7	(5)	PECIFY)			A STATE OF THE STATE OF			CITY OR TOWN	CO	UNTY S	1016
- 52/1/4	(SI	remation INERAL DIRECTOR		12/27/81	Smithst	urg C	rematory	Smithsby REC'D. BY REGISTRAR 2 8 1981		ington,	MD.

			MANAGE F		
Pair	23-21	General met		aning min	
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	ATTENDA NAMES OF THE PARTY.	CVX			mr.kdQ
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SILCOX-MERRITT FUNERAL HOME

	1 -	STATE REGISTRAR			DEI ARTH	CERTIF	EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.			
T		EASED NAME	FIRST	MI	IDOLE	L/	AST	2a DATE OF DEATH MO	NTH DAY	YEAR	2b HOUR
	(i i r c		AMES	DA	VID	JENK	INS	DECEMBER 30	, 1981		11:58F
3	SEX			4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY) IF L	UNDER I YEAR	IF UNDER 24 HR
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C		THPLACE (STATE OR I	OREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR C			
12		enna Y OR TOWN OF DEA	TU	U.S.A.	OCDITAL NUIDCINI	WIDOWE	D DNORCED DROTHER INSTITUTION	ALLEGANY CO			
52	Çı	mberland		SACRE	D HEART	HOSPI		(TYPE OF WORK FOR MOST OF WO		126. KIND OF INDUSTRY Rail	
35	30 S	yland THER'S NAME	13b COUN	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumberla	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 821 E. Oldto	own Ro	1	
11		Edward		WIDDLE	Jenki:	ns	Leora	WIOOFE		GIG	odfelt
1 10		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	821	E. 010	
1		No	14 163, 011		220-10-2	133	Mrs. Nellie	M. Jenkins	Cumb	perland	d, Md
the medico		A CANCE OF DEAT	H (E-A-)	lu ann an inn an l						APPROXIM	AVE INVENTAGE
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	ATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediote g the lost.	D BY. IE CAUSE (o) DUE TO, OR (b) DUE TO, OR IC) CONDITIONS CON	A C N SEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	inal disease or conditi	ON GIVEN	N PART 110	arc.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTI Lucile ESTI-R. Jones DEATH MATED 4. RACE YEAR 3. SEX AGE LIN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Female White DEAD Jan. 13, 1911 19 81 Dec. 14 70 YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany Maryland WIDOWED TO DIVORCED 3. RETAIN PAGE 5 SHOULD BE FILED, N IN CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 1726, KIND OF BUSINESS OR INDUSTRY JURS AFT.

A 18. GIVE PAGES TO WITH FORM PM 3. RE.

OF WITH FORM PM 2. SHOULD BE.

OF MITH RECORDS, 20

OF WITH RE Housewife Memorial Hospital Own Home Cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 428 Grand Ave. Allegany Cumberland Md. YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Robert Hite Mary Gray 16g. WAS DECEASED EVER IN U.S. ARMED FORCES ME SOCIAL SECURITY NO 17 INFORMANT ADDRESS 274-46-3344 Mr. Calvin Tracy, Nephew, Cumberland, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG WI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI DIVISION OF VITAL YES 71a EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autapsy and in my apinian Homicide Undetermined manner TITLE (SPECIFY) 12-15-1981 MEDICAL EXAMINER ADDRESS Sacred Heart Hospital, Cumberland, Md. EXAMINER'S NAME Dr. Nicholas Gia rritta M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Cumberland, Allegany, Md. Burial Dec.17.1981 Hillcrest Burial Park BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James F. Scarpelis, Cumberland, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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requires that the death certificate be executed within 24 hours after it

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physicion.

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1	FOR - STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	30.	i 0
	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
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-	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h, KIND C	OF BUSINESS
1/	CUMBERLAND	MEMORTATE			BOOKKEEPER	HARDW.	ARE ST
130.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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	say A Vecessa alive on	100	673	nd that I (my) (our) opinion o	death occurred on the date and	hour and from the	couses stated
F (3)	obbyt. (I) we (In) (did no	ti view the bully ofter death.		DEGREE		22c DATE	. 1
	N.D.	44	- N	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	121	6/8
T	DE PHYSICIAN'S NAME (INC.				RIAL HOSPITA		10
	DR. W.GUY	FISCUS			BERLAND, MARY		
230.	BURIAL, CREMATION, REMOVAL		23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	L/7/196# Z.1	704
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L	EASURE-STEIN FU	NERAL HOME, INC	MES CIMPE	CIVILLIOITE HAND	21	Our	Market .

STATE OF MARYLAND

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MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be not lited at once TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tshould be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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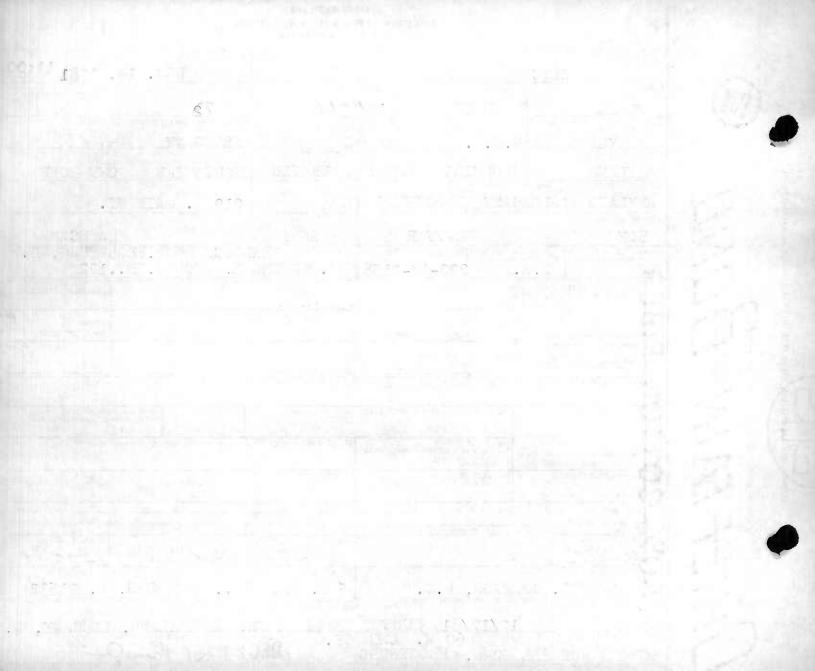
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g .	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a. USUAL OCCUPA			KIND O USTRY	F BUSINE	ESS OR
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			WAR OR DATES!	216-28-6	5777	BARNET	T LEIBPY	WITZ.KNXX,	MI . LA	VALE	,MD		
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	Lic						APPROXI	MATE INTE	RVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:		CVA								
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0	CAT	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USE	D
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7	AL	OR CONTRIBUTING CAUSE OF DE	NIII		19								
E.	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			211 LOCAT		CITY OF	TOWN	co	UNTY		STATE
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STATE OF MARYLAND



	18	FOR STATE REGISTRAR		DEPARTA		H AND MENTAL HYG E OF DEATH	REG. NO.	30
(MA	174	1. DECEASED NAME FIRST (TYPE OR PRINT) WILL		ABSOLOM	LILLE	R	DECEMBER 2	25, 1981
(IA)		Male	White		5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR MONTHS DAYS YRS.
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AND 21	filled in hould be	Maryland A	ME OR OTHER INSTITUTION OUNTY	Cumber	and YES			Box 208 A
MARY1	ond 2 s	Henry	MIDDLE .	Lille		OTHER'S MAIDEN NAM	Cather:	ine T
IMORE,	Poges ?	160 WAS DECEASED EVER IN U.S. (YES, NO. OR UNKNOWN) (18 YES		R. 705-0		MARY FRA	ANCES AYERS	
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LLIAMS. M.D.

23b. DATE

ION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased ali and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

REDICAL

PHYSICIAN

DIRECTOR | PHYSICIAN

CUMBERLAND, MARYLAND

23d LOCATION

STAFF

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

Täsker

Railroad

, Cumberland, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21502

STATE

IF UNDER 24 HRS

TO FUNERAL Eshould be detowith the Stote E

DHMH - 16 50M 1/81 (VRA 15, 4)

DIRECTOR

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MPORTANT:

MEDICAL

22d. PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVAL

ter this certificate has be sthe buriof-transit pern and Mental Hygiene p

ial Pk. Cumberland, Allegany, Md. 250 DATE REC.D. BY REGISTRAN 25B. REG. JRAN'S SIGNATURE Burial 24 FUNERAL DIRECTOR William G. Kight, Cumberland, Maryland

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ARGE TO DOCT THE PARTY OF THE P AND THE RESERVE OF THE PARTY OF ARTERIAL LANGUAGE VERSELVE CARREST TO LIFE SIZE S. ... 7,1 CALLED SO LEGISTION OF DEAL PROPERTY OF STREET OF STREET, DESCRIPTION OF STREET, DESCRIPTIO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO KNOWN XX I. DECEASED NAME (TYPE OR PRINT) OF ESTI-LINN JOSEPH DEATH MATED JAMES 4. RACE 3. SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 12-2-81 DEAD white 4/5/42 male 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Allegany County U.S.A. MARYLAND DIVORCED 126. KIND OF BUSINESS OR INDUSTRY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
LABORER RAILROAD Sacred Heart Hospital Cumberland CATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES 1, 2, AND 3 TO FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P. OWR. PAGES 3 HOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, NAD, 23 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS O. BOX 5451 ALLEGANY CRESAPTOWN MARYLAND 14. FATHER'S NAME MIDDLE LAST HOUSE LINN MARGARET DAVID 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO. OR LINKNOWN) 217-42-6800 MR. DAVID LINN.15 PARK AVE. YES 61 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Neck injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1) OR PART 2)

driver of auto/fixed object impact 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH UNDERLYING XXX MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 214 INJURY OCCURRED (AT HOME La Valery Maryland Cash Valley Rd. CITY OR TOWN PAGE 4 SHOULD BE FORWARDS TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH WITH THE STATE D BALTIMORE, MARY(AAND, 2) 201 AT WORK AT WORK Autopsy XX 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Accident XX Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-2-81 M.D.Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY BURIAI BP 60 W. **DHMH-17** FROSTBURG (VR A15 ME (5) 15M2/80

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	р ф ф		CEASED NAME OR PRINT)	FIRST	BERT	MIDDLE E		GSDON	20. DATE OF DEATH	
	(M)	3. SEX	Male		4. RACE Cauca	sian	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER
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	ompletely ond 2 s		THER'S NAME FIRST GWATG		MIDDLE	Logsdon		15. MOTHER'S MAIDEN NA/ FIRST Agnas	WIDDLE	No
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CORDS,	verequir	ATION	19a DATE OF OPERAL					N WAS PERFORMED	200 AUTOPSY?	720b. IF YES, WERE F
OF VITAL RECORDS,	The lov icion.	CERTIFICATION	21g. ACCIDENT WAS UND	d it	7 21b TIME C		J. C. C. C.		YES NO	IN CERTIFYING CA
OF VI	og phys og phys certifico riol-troi entol Hy tem 18	CAL CI	OR CONTRIBUTING C	AUSE OF DE	HOUR A	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA

COUNTY OF DEATH COUNTY 12b. KIND OF BUSINESS OR vorking Life) INDUSTRY Mt. Savage Noonan Bedford St. erland, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART III Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [] NO [NITEM 18 PART LOR PART 2) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attempted the deceased from 2 saw the deceased alive on obove, (I) (we) (did) (did nat) view the and that in (my) (our) apinion death occurred on the date and have and from the couses stated adv after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 912 SETON DRIVE CUMBERLAND, MD. BMG WAYNE SPIGGLE, N.D 11/26/81 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial

BP. DHMH - 16 50M 1/81

should be detached for use as the bu

If Item

MPORTANT.

FUNERAL DIRECTOR:

ATTENDING

(VRA 15, 4) DURST FUNERAL HOME

24 FUNERAL DIRECTOR

St. Patricks

Mt. Savage Allegany Ma.

26 HOUR

IF UNDER 1 YEAR

7:00P

57 FROST AVE 250 DATE REC'D. BY REGISTRAR 256 FROSTBURG, MD

TO I ISEL IN SECTION - BUILDING A THE TRUITING Special . A. Pougar als II . W. K. S. ogarra. . At the grant Late by the nemne Longador: Arman Lary Holland All Committee of the co Analysis of the second THE SEC STREET POTTS COMMERCED AND TO THE SELD OF THE ... THE WHAT I BELL OF LABOUR CONTRACTOR

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Market N		CEASED NAME PE OR PRINT)	Cha.	rles P.	MIDDLE	Lynch		AST			20. DATE K OF DEATH	ESTI-	12-1	DAY YEAR 4 19 81	26, HOUR
N STEELS	3. SE	x ale	Nhite	S. DATE OF BIRTH	1925	6. AGE (IN YEAL LAST BIRTHDA	MONTH:		IF UNDER	24 HRS.	2c. DATE PRONOUNC DEAD	CED De	MONTH C. 14	DAY YEAR	2d. HOUR
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F AND 3 TO F RETAIN P SHOULD BE I RECORDS	113a. S	AL RESIDENCE (STATE aryland	IF IN NURSING HOME O 13b. COUN' Alle	r other institution, G TY egany	13 CITY	or town berland	N)	13d. INSIDE CI	ITY LIMITS? NO 🏝	13e STRE	ET ADDRES Route	s ₃ -Ma	son R	oad	STEET STEET
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BALTIMORE JRS AFTER DEA B. GIVE PAGES WITH FORM P T. PAGES I AN DIVISION OF A	16a. \	WAS DECEASED TES, NO, OR UNKNOW		MED FORCES? WAR OR DATES) T II		-22-569		Mrs.		Grace	Lyne	h, Cu		and, W	ife
RDS, 201 W. PRESTON ST., EXECUTED WITHIN 24 HOUNG' IN PENCIL IN 11EM 18 CAL. EXAMINER ALONG Y BURIAL. TRANSIT PERMIT AND MENTAL HYGIENE! A ATON, OR REMOVAL.		Candition gave rise cause (a): lying caus	IMMEDIAT S, if any, which to immediate stating the <u>under-</u> e last.	E CAUSE (a)	AS A CON	NSEQUENCE O	10	OR CONDITION	arsa Cula	rlis RTI a	Dis	las	e.	BETWEEN ONS	SET AND DEATH
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTION THE WORD "PRODICE RED TO THE CHIEF MEDICAL RESTANDING PUED AS A BUE TO PROPERTY OF HEATH AND THE PROPERTY OF HEAT	CERTIFICATION	19a. DATE OF (CAUSEWAS	21b. TIME O	F INJURY	WHICH OPERA				D (ENTERN	ATURE OF INJUI	RY IN ITEM 18 P	ART I OR PART	2D AUTOPS' YES 2)	Y?
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TO AFIER BALTI	23a.B		ION, REMOVAL 2		23c. 1	NAME OF CEM Restlaw	ETERY OR	CREMATO	DRY	23d. LO	CATION RTOWN LaVa		n coung	berlar	nd Md.
DHMH - 17 (VR A15 ME (5)) 15M2/80	24 F	UNERAL DIRECT		Scarpel	Li, Gu	mberla	nd, M	d.) FOR	FCD.	RECUSTRAN	تغسسه	MAR'S SK	NATURE	

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TO HOSPITAL OR ATTENDING retained by the haspital or other

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		CEASED NAME	FIRST	1000	MIDDLE		LAST		20. DATE C	F DEATH		DAY YEAR	26 HOUR
	(1AE	E OR PRINT)	FRAN	KLIN	EDWAR	D	MARTZ		DECE	MBER	26.	1981	8:00 P
CAM)	3 SE	X		4 RACE		5. DATE	OF BIRTH			YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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# Poor		ryland	Alle	egany	Cumber	land	YES 🔀	NO 🗆	340	Balti	more	Avenue	
12 s	14. F.	ATHER'S NAME		WIDDLE	LAST		15. MOTHE	R'S MAIDEN N		MIDDLE			
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Poges medica	1	YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	217-10-	7612	Mrs	Marv	L. Mart		241	O Baltim	ore ave
ed by the attended college remove college remotion, iol, cremotion, or other trauma		Conditions, if any gave rise to im couse (a), stati underlying couse	mediate ng the last	(b)	OR AS A CONSEQUI	NCE OF	My	olare	dial	rupa	ich	on	
signe hen p b bur ury,	z	PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BU	T NOT RELATE	ED TO THE TER	RMINAL DISEAS	E OR CON	OITION GI	VEN IN PART 110	
t permit. The ene prior to ows ony in	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERF	ORMED	20a AUTO	OPSY?	IN CERT	S, WERE FINDIN	
s certificate h burial-tronsit Mental Hygie ir Item 18 sha		21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	NI II	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW	INJURY OCCL	IRRED (ENTER NA				
fter this as the but th and M orked ar	MEDICAL	21d. INJURY OCCUR	HILE 🗍		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCAT			CITY OR TO	MN	COUNTY	STATE
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FUNERAL DIRE		22b SIGNATURE	Sha	u A	Nalle !	7	DEGREE		MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	22c. DATE	SIGNED
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should be with the		DR. SHA	AN A.	NATHA	AN		MEMO	RIAL	HOSPIT	AL M	ED.	BLDG.	CUMB. MI

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)
Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN

Cumberland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Silcox Merritt Funeral Service. Cumberland, M

DECEMBER 26, 1981 SIDE		STRAN	DRAWDE	-1014304	31
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DEATH. GES 1, 2, WA PM 3 AND 2 OK SITAL		John		WIDDLE		May		Ma	rgar		м	HODLE		Wal	Ker	
T., BALTIMORE UNS AFTER DE SIGNA OF SIG	16a. V	(AS DECEASED EVER ES, NO. OR UNKNOWN) NO	(IF YES, GIVE W	NED FORCES? VAR OR DATES)		4-07-3		I da	Bel	le h	ardi	ADDR LngS	ess alis			a . E INTERVAL I AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM PAR 3. RETAIN P. RE 3 SHOULD BE USED A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF YITAL RECORDS, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (o) stating lying couse last	any, which immediate g the <u>under</u> -	(b) Pr	AS A COR	NSEQUENCE OF	2 +	DR CONDITION	O V O V	RT 1 rat.	ar	teri	oscle,	70 SI	Ś	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	720 0	220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, I	Fra	e of the remoins de al couses A ,	Accident O R	Suice	2/m	Homic TITLE (S	pecify) put 900	Undete		anner [ond in my DAT SIG		z-j	7-81 14:502
BP DHMH-17 (VR A15 ME (5)) 15M 2780	(5	Buria UNERAL DIRECTOR		2-11-8°	1 52	GRH~T	ry (eme		Sa Pt Chy	CATION	The		O M S		Pa.

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Bex 561 Perryopolis, Pa.

FOR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BLAIR FUNERAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COLON CELLY IN LAND THE REAL PROPERTY OF THE PARTY OF THE Consection of the contribution of the contribu Sent Milliagon of the Committee of the C and the state of t Notice of Assert Assert Asserts and adjust a strong of the control

FOR	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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1. DECE ASE (TYPE OR PRIN		PIRST PH		VARD	MILLE	R .	DECEMBER 8, 1	DAY YEAR	26. HOUR 6:19A
3. SEX			4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	WE UNDER 1 YEAR	IF UNDER 24 HRS
Male			White		May	2, 1915 YEAR	66 YE		HOURS MIN.
COUNTRY	ACE (STATE OR FO		76 CITIZEN OF	WHAT COUN	TRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU		J A 180
	Virgini.		USA		WIDOWE	D DIVORCED	ALLEGANY COUNT	14,	M
	rland	TH			HOSPIT	OR OTHER INSTITUTION AL	(TYPE OF WORK FOR MOST OF WORKIN Retired	12b. KIND C INDUSTRY Railr	or Business or
JSUAL RESI 30. STATE	IDENCE (IF NURSIN	Alle		GIVE RESIDENCE 13. CITY OR Cumbe	BEFORE ADMISSIONI TOWN rland	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 47 Maple Str	eet	
Ty	PE H. Mi	ller	MIDDIE	LAST		Nelle K. I		LAS	1
YES NO	ECEASED EVER II OR UNKNOWN)		MED FORCES?	166 SOCIAL	SECURITY NO.	Helen W. Mi	ADDRESS ller Cumberland	, MD Wi	fe
gove	erlying couse	ediote the lost.	(c)		EQUENCE OF TO DEATH BUT THE HICH OPERATIO		INCE	YES, WERE FINDIN RTIFYING CAUSES	GS USED OF DEATH?
OR CO	CCIDENT WAS UNDER OUTRIBUTING CO. ITHER, NOTIFY MEDICA UJURY OCCURRE OUTRIBUTING CO. ALL WORLD ALL WORLD ALL WORLD	AUSE OF DEA ALEXAMINER	21e. PLACE	M. MONTH M. OF INJURY	DAY YEAR 19	216 HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES 18 PART OR PART ?)	NO STATE
22a 1	certify that (1) (ow the deceased bove, (1) (we) (di IGNATURE	this hospit		ofter deoth.	19 or	DEGREE ATTENDING 3	death accurred on the date and	hour and from the	SIGNED
22d Pi	HYSICIAN'S NA	ME (TYPE OF	R PRINT)	zour	0110	22e ADDRESS	ON DR., CUMBER		21502
230. BURIAL,	, CREMATION, R	EMOVAL	23b. DATE 12-10-	81		EMETERY OR CREMATORY Cemetery	Aurora Pend	let&M' WV	STATE

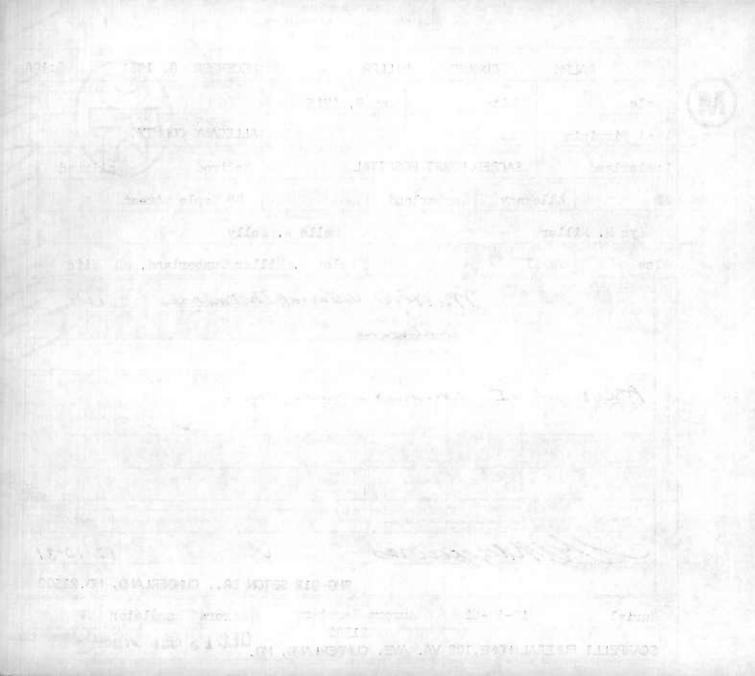
DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

Aurora Cemetery

24 FUNERAL DIRECTOR 21502 250. DATE RE SCARPELLI FUNERAL HOME, 108 VA. AVE. CUMBERLAND, MD.

250. DATE REDIEBUREGISTRAR



injury, or other troumotic event the

IMPORTANT: If Item 21 is marked or Item 18 shows any

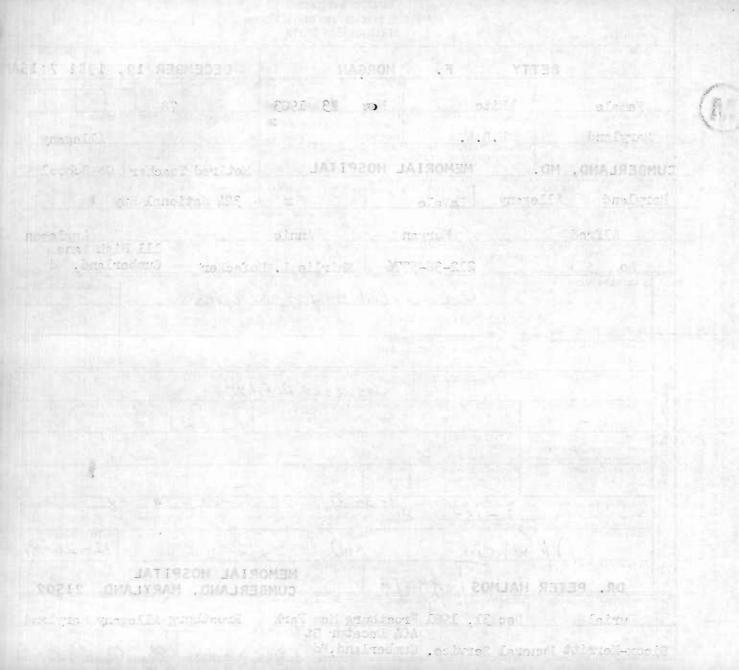
STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

1-	FOR STATE REGISTRAR			DEPAR			ND MENTAL HY	GIENE E	REG. N	0.	3	0		3
	CEASED NAME	FIRST		MIDDLE		LAST		2a DATE	OF DEATH	MONTH	DAY	YEAR	2b HO	JR
(1111)	OR PRINT)	BET	TY	F.	MOR	GAN		D	ECEMB	ER	19,	198	1 7	: 15A
3 SEX		4.	RACE		5. DATE O			6. AGE (II	N YEARS LAST BIR	RTHDAY)	-	DERIYEAR	IF UNDER	
	Female	7-64	White		No.		3 1903			78 YR	MONTE	DATS	HOURS	MIN.
	THPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY	? 8	- 10		9 BALTIM	ORE CITY C			DEATH	-	
	Marvland	o u	U.S.	Δ	WIDOWE		ER MARRIED K		1			477		
	Y OR TOWN OF DEA	TH 1	I. NAME OF	HOSPITAL, NURS	ING HOME O			12a USUA	LOCCUPAT	ION	112	b. KIND C	egan	SS OR
	BERLAND,	MD.		MEMOR I	AL HO	SPIT	AL		red T		IG LIFE) IN	DUSTRY	choo!	
13a. S	L RESIDENCE (IF NURS	13b. COUNT	Υ	113c. CITY OR TO		1136 INSI	DE CITY LIMITS?	13e STREE	T ADDRESS			21.00		
Ma:	ryland	Alleg	gany	LaVale		YES 🗌	NO 🔯		Nati	onal	. Hwv			
4 FA	THER'S NAME		DDLE	LAST		15 MOTH	ER'S MAIDEN N							
	Alfred		DOLE	Morga	n		Annie		MIDDLE			LAS	ggle	
	AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC		17 INFO			ADDR	SS 7 7	7 Hi	gh L	ane Reme	SOIL
{Y	S, NOOR UNKNOWN)	JIF YES, GIVE V	WAR OR DATES)	212-38-5	5776	on:	rlie L.	Hofool:		Cu		land		
Z	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	nediote g the lost.	DUE TO, OI	R AS A CONSEQUER AS A CONSEQUENTRIBUTING TO	JENCE OF	NOT RELA	TED TO THE TER	MINAL DISEA	SE OR CON	DITION	GIVEN IN	PART 10		_
ATIO	9a DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	HOPERATIO				TORSV2	1206 IE	VEC WE	DE EINIDA	IOC LICE	
CERTIFICATION			778 COND	more rok willer	-	IN WASTE	KI OKMED	200" AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO					TH?	
₹ L	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.,	M. MONTH E	DAY YEAR		-	RRED (ENTER?	NATURE OF INJU	e OF INJURY IN ITEM 18. PART 1 OR PART 2)				
WED	216. INJURY OCCURR WHILE NOT WH AT WORK	ILE 🗆	21e. PLACE (OF INJURY	FARM ETC)	211. LOC.	ATION REET	_	CITY OR TO	WN	C	OUNTY	S	TATE
	220 I certify that (I) sow the decease above, (I) (we) (d	d olive on	12-1	8- 10	81, or	nd that in (my) (our) opinion	deoth occur	red on the de	19 ote ond				
1		IVI	sahel	a		MI)	ATTENDING PHYSICIAN	MEDICAL DIRECTO	R PHYSIC	F IAN [12-	20-	-81
		ETER	HALMOS	SAH	ETA	22e ADD	MEM	ORIAL			L LAN	D_ 2	150	2
	JRIAL, CREMATION, I	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY	OR CREMATORY	734 100	ATKIN NORTOWN		100	1171	1	Cate
	Burial		Dec 31				em Park	Ero	stbur		lega	ny M	arvl	and

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Sicox-Merritt Funeral Service. Cumberland, Md



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

		TE ISTRAR		DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 3	0.	30 5	1 4
	TYPE OR PRIN	71	ZEL	WIDDLE		MORGAN	20. DATE OF DEATH DECEMBER	26,	1981	26 HOUR 1:30P
	3 SEX Fema	ale	4 RACE White			OF BIRTH 27, DA 1894 EAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2	Cumbe	rland, Md.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY C		Y OF DEATH	MD
2	CUN	ABERLAND	(IF NOT IN SU	FMORTAL	HOSE	OR OTHER INSTITUTION	Celanese E		12b. KIND C INDUSTRY	DE BUSINESS OR
1	Maryla		ve or other institution of the country line of	13 CITY OR TOW Cumber I	and	13d INSIDE CITY LIMITS? YES NO 🛣	RETREE 3 ADDRESS	ley F	Rd.	
0	Lloyd	S NAME PIRST	A'DDLE	Lowe LAST		15. MOTHER'S MAIDEN NA. Whilamina	Blönsk	еу	LAS	ST
	No WAS DE	ECEASED EVER IN U.S OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES}	16b SOCIAL SECU	RITY NO.	Mrs. Louise	Mace, Cumbe		l, Md.	
	gove coust unde	ditions, if ony, which is rise to immediate [0], stating the rlying cause lost	DUE TO C	AS ASSASSAS ON TRIBUTAL HIS	NCE OF	NO RELATED TO THE TERM		-		100
1	RTIFIC	(C148-)(C181/(V))(C1	THE COND	SOMEONIC STREET	CPERATE	IN WAS PERFORMED	YES NO	The state of the s		
7	WHILE AT WOR		F DEATH HOUR A AINER) P 21e PLACE (AT HOME, ST	A.M. MONTH DA .M. OF INJURY IREET FACTORY, OFFICE, FACTORY THE CONTROL	AR-A-De	21f LOCATION STREET 21f LOCATION STREET And that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	y or to	wn wn wite and hou	COUNTY	
	0		WILLIA	MS		22e ADDRESS MEMORIAL H			CAL BUI	LDING
	Buria.	CREMATION, REMO	23b. DATE 12-29			emetery or crematory	CumberPand	Al	Legany	Md . STATE
	3 SAMES	L PRECISCAPPE	lli, Cumb	perland, M	id.	2 PVP N	E PEC'D. BY PEGISTRAR	A REGUE	Extender	ARE!

E34 - 10	DECRMSER 25, 18		1 1	İAH
		West of San	30 1216	Feedle
	Agreement			.bherivelse
	navalia, sestale.	1AT.1920H		
	dt. J. Valley id.			
3	Tilomology	enterit (A. H. Lown	Lloyd
	Hear Camberland	nation . with		
		TO SERVE		
		TO SERVE		
		TO SERVE		

STATE OF MARYLAND

March 1 September 2 September The state of the s POTESTAT PERSON SIGN MATERIALS

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLEALTH AND	MENTAL HYG		i. No.	0 5	1 6
9		CEASED NAME OR PRINT)	OTTO		H	H	YERS	S	20 DATE OF DEAT	MONTH DA	OAY YEAR	26 HOUR
1	3. SEX	M	4.	White		5 DATE O MONTH 08		YEAR Q7	6 AGE (IN YEARS LAS:	BIRTHDAY)	MONTHS DAYS	HOURS MIN
15	CC	RTHPLACE (STATE OR DUNTRY) rvland		citizen of v	WHAT COUNTRY?	MARRIE!		MARRIED 1	9 BALTIMORE CIT	_	Y OF DEATH	MD
19		TY OR TOWN OF D	ATH 11	. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME O	R OTHER INS	STITUTION	12a USUAL OCCUP	PATION		OF BUSINESS OR
36	USUA 13a. S	nberland ALRESIDENCE (IF NU.) TATE rvland		HER INSTITUTION.	B Finan GIVE RESIDENCE BEFORE 113C. CITY OR TOW Cumberl	ADMISSION)		CITY LIMITS?	None 13e STREET ADDRE Rt. 6 Box			
11	14 FA	THER'S NAME FIRST narles	MID	DLE	LAST Myers		15. MOTHER		ME	E	Folk	LST C
1		VAS DECEASED EVE (es, no or unknown) NO	R IN U.S. ARME		212-72-6		Char		AC	DRESS		
	HE T	18. CAUSE OF DEA PART I. DEATH	WAS CAUSED I	BY	line for (a), (b), and CARDI	0 - P	uLNO	NARY	ARRES		BETWEEN	mate interval conset and death minutes
		Conditions, if an gove rise to ir cause (a), statunderlying cau	nmediate ing the	(b)_	R AS A CONSEQUE	NGE	STIVE	HEAR	T FAIL	URE	8	years
	NO	PART 2 OTHER SIG	GNIFICANT CO	nditions <u>cc</u>	INTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR C	ONDITION G	IVEN IN PART 1	(a
2	RTIFICATION	19a DATE OF OPER	- //	196 CONDITION FOR WHICH OPE		OPERATION	N WAS PERF	ORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES	
9	EDICAL CER	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	YEAR 19	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18.	, PART 1 OR PART 2)	
	MEDI		RRED WHILE	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCAT STREET		CITY OI	NOOTS	COUNTY	STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low required by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signly should be detached for use as the burial-transit permit. Then, with the State Dept. of Health and Mental Hygiene prior to be impossible.

MO ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN

270. PHYSICIAN'S NAME TYPE ORPRINT)

V. NAGUENBRAN

270. ADDRESS
BOX 1722 Gumbenlowd, MO 2150

270. BURIAL, CREMATION, REMOVAL 23b. DATE
(SPECIFY)

Burial

12/12/81 Alleg. Co. Cemetery Cumberland

271. FUNERAL DIRECTOR

272. ADDRESS
COUNTY STATE

273. NAME OF CEMETERY OR CREMATORY
(SPECIFY)

274. FUNERAL DIRECTOR

275. ANTE RECIDENT REGISTRAR [75]

DEGREE

and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

220.1 certify that (I) (this hospital) attended the deceased from

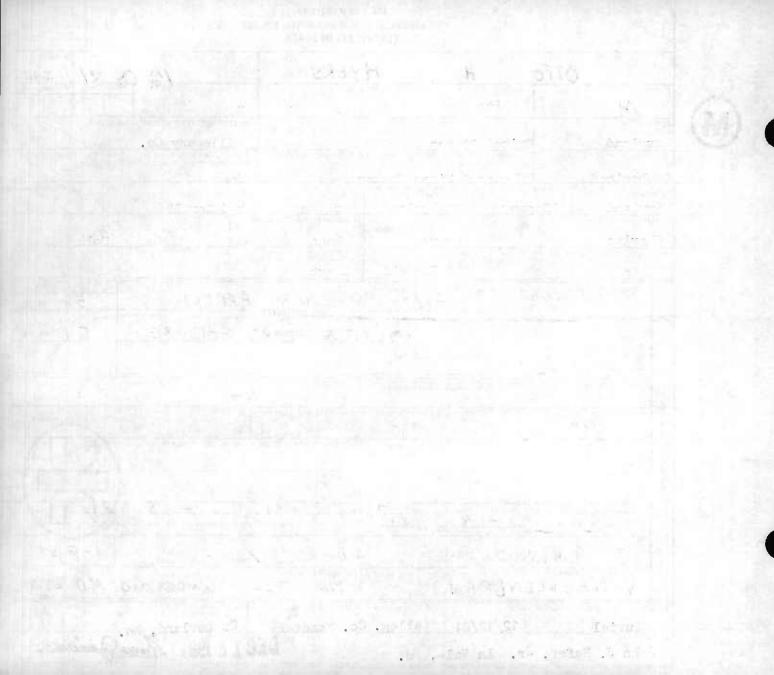
sow the deceased alive on above, (1) (see (did) (definit) view the bady after death

La Vale, Md.

226. SIGNATURE

John J. Hafer, Jr.

DHMH - 16 50M 1/76 (VR A 15 (4))



SCARPELLI F.H., 108 VA. AVE CUMBERLAND, MD. 21500

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 47

NO [

STATE

COUNTY

22c DATE SIGNED

6:35A M

20. DATE OF DEATH MONTH

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

mar-on tool tool deadless					
	9191 ,00	.def	ad Edit		edmi
ATTEND THREETIN	X			ONLY Pro	Mar.
des destruct borison		ryrigani n	dage rathrant	broken	
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miliona shurt	real The		notri sin	Create C. 1	
ing . Continue, Contonioni,	verfelati . mest	17 E. E.	212		0.1
20170/74/47// (1700/14)					

X		1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 5 1 8
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
	pe pe		EMIL	Y M. (s.)	NESSELRODT	DECEMBER 6. 1	981 10:00
	0 4	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	de 4		Female	White	Aug. 5, 1901	80 yrs. ^m	ONTHS DAYS HOURS MIN.
	a a	la B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	leoth 172	W	est Virginia	USA	WIDOWED DIVORCED	Allegany	MD
	五 美	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
101	0 11 100	C	UMBERLAND	MEMORIAL H		Housewife	Own Home
BALTIMORE, MARYLAND 21201	vithin 24 hours etely filled in the 12 should be fill miner myst be the	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU All		N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS 408 Pennsylvan	ia Ave.
MARYL	be and	14 F/	ATHER'S NAME	C. Smith	15. MOTHER'S MAIDEN NA		LAST
ORE,	n and co		VAS DECEASED EVER IN U.S. AF			ADDRESS	
WI.	0 0 0		no	217-14-1	+350 Rev. M. W.	. Nesselrodt, Fli	
	ficate by special popers navol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	on on one		IMMEDIA	TE CAUSE (o)	V /+		8 days
NOT	4 0000		4360	DUE TO, OR AS A CONSEQUE			
PRES	e offer move a notion,		Conditions, if ony, which gove rise to immediate	(b) att	wretern		
*	by the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires n signed Then pli r to buri injury, o	NO!	PART 2 OTHER SIGNIFICANT HBP	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1101
AL RECC	he low on. hos be r permi ene pri ows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED //ING CAUSES OF DEATH?
OF VIT	phys phys phys phys phys phys phys phys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	,	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
NOIS	Hy Sie or o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
N N	or offer the se os the olth one morked	~	AT WORK AT WORK				
	pitol TTOR: for us of He			ital) attended the deceased from	81 , and that in (my) our) opinion	deoth occurred on the date and hour	9, that (1) we) lost and from the couses stated
	R hod		22b. SIGNATURE	1.01	DEGREE		22c. DATE SIGNED
			cay	Opeller	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 Dec 4
	Se E o S		22d. PHYSICIAN'S NAME (TYPE	OR PRINT!	22e ADDRESS		
	HOSE ould b th the PORT		DR. ANTHONY	J. BOLLINO.	JR. 955 FREDER	RICK ST. CUMBE	FRI AND MD

23b. DATE

12-9-1981

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Fairview James F. Scarpelli, Cûmberland, Md.

23c. NAME OF CEMETERY OR CREMATORY

Fort Seybert Cemetery

955 FREDERICK ST., CUMBERLAND, MD

CITY OR TOWN

DEGEMBER 61 1981 10:0	EMILY S. HISSELRODY.
	for a limit of the second
e in the second	CUMBERLAND MEMORIAL HOSPITAL
.ev standard a line	n n benfact with any o'd life in the
Zono myon	and the second section of the second section is
der dati , florie tes	. In . ve Real Lands
	A SO DE LA SECULIA DE LA SECUL
	9 9 4
C - 14 - 4-41	- C'-1
HAC THE	a graden
DERIKE ST., CUMBERLAND, LMD	DR. ANTHONY J. BOLLING, JR. 555 PRET
and a statement of the	Townson to the first of the second of the se

FOR

REGISTRAR

- STATE

DHMH-16 25M

BALTIMORE CITY OR COUNTY OF DEATH eganv 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LI INDUSTRY Sales cler 130 STREET ADDRESS CAO Frederick St. Stoner APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion deoth occurred an the date and hour and from the couses stated 22c. DATE SIGNED 20-8 DIRECTOR PHYSICIAN emelen ALLEGANY 250 DATE REC'D. BY REGISTRAR THE DEGISTRAL SIGNATURE 24. FUNERAL DIRECTOR Cumberland, (VRA 15.4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR ONTHS DAYS

HOURS

12/19/11/29 Mary hard hard Female White 7/2/400 Maryland USA - Allegany Co. To story , the free story I like go where my time on es siry Maryland Allegany Courterand of 620 tradect St. manofe Ella Stonen 11 16 216-24-242 Trans / Low Con War Company 1 makesty and the state of t Kim, Emering to B. Frestberry strongland

	FOR STATE				PEPART	MENT OF	HEALTI	M DNA	ENTALH		2 .		3	0	5 2	J
1	REGISTR DECEASED (TYPE OR PRINT)	NAME	FIRST achar	y Scot	MIDDLE		EK 3	LAST	CATEO		o. DATE		2 12	/14		26. HOUI
3.	SEX	4. RACE Cau	5. [DATE OF BIRTH	YEAR	6 AGE (IN Y		DER 1 YR.	IF UNDER		RONOUI DEAL	E NCED	12/1			2d. HOU
7	6. BIRTHPLAC FOREIGN COU	NTRY)	7b.	CITIZEN OF WH		VTRY?	8 MARR		VER MARRI DIVORC	ED XX		AORE CH	Y OR COU			AAI
1	D. CITY OR TO	berlan	d 11.	NAME OF HOS (IF NOT IN SUCH FACE Memor	PITAL, NU	RSING HOM TREET ADDRESS) Hosp:	E, OR OTH	HER INSTITU	NOIT	12a USU. FOR M.	OST OF WO	PATION RKING LIFE)	(TYPE OF WOR	12b. K	CIND OF BU OR INDUST	ISINESS RY
	SUAL RESIDE 30. STATE Mary	land	HOME OR OTH Alleg	HER INSTITUTION, GIV	13c. CITY	OR TOWN		13d. INSIDE	CITY LIMITS?	13e. STRE	ET ADDR	ESS Box	277			
	4. FATHER'S I	PAME E.	Norri	DDLE S		LAST				N NAME					LAST	
1	(YES, NO, OR	EASED EVER IN UNKNOWN) (1	U.S. ARMED FYES, GIVE WAR	FORCES? OR DATES)	166 SO	NONE	Y NO.	17. INFOR	y E. I	Vorri	s, as	abo				
	PAR Car gar	TIDEATH WAS	CAUSED BY MMEDIATE C , which imediate	AUSE (a) AS	pira AS A COM	ation NSEQUENCE	OF	d pai	cticl	e				BE	approximative en onse	T AND DEATH
				RIBUTING TO DEATH I					DAY	RT 1 to						
	19a. DA	TE OF OPERATI	ON			WHICH OPE		VAS PERFOI	RMED?					20	YES X	
		IBUTING CA	USE OF DEA	216. TIME OF HOUR A.M TH 13: 20	hrs.	DAY YEA	1	8a	OCCURRE	D (ENTER N.	ATURE OF IN	JURY IN ITE	M 18 PART 1 OR	PART 2)		
	MA I	URY OCCURRE		21e PLACE C STREET, FACT H				CATION STREET BOX	277,	E11	ersi	lie,	Md.	COUNTY		STATE
-	death ACTUA SIGNA	resulted fram:	Naty al co	rol 1	Agrident M . I	k, s	Autai], Ham	SPECIFY)	Undete		anner [and in my DAT SIG	E	2/14	/81
7	30. BURIAL, CI	REMATION, REA	100			NAME OF CE	3.4	OR CREMAT			CATION PRIOWN Vale	Ma		YTHUC	S	TATE
-	24 FUNERAL	rial DIRECTOR J. Hai		2/16/81 r. La l	Vale,		in e	m		La REC'D. BY	REGISTRA	AR 25b. F	REGISTRAR'		ATURE	

TENSINOT S "בפומדי ופחבב אסדיים Vacantia 100 fund and and " Mangorial Resident and Line Land Section 2 TEE mos .c. " E | malerella | malerella business THE PERIOD - A-Torod by element . The elektron boot soltanicach Mand Reser H.D. 그리고 한 번 살아서 보는 사람들이 되는 사고 사람이 되는 것 같아. 그

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-12/6/81,0 Mancell Forrest Oliver DEATH MATED 015A 4. RACE 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE 83 BIRTHDAY) 10717/98 PRONOUNCED M Cau 12/6/81 04 A DEAD 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia Allegany USA DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Cumberland Retired Gas-Trans-Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) mission 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Allegany Cumberland NO TA Rt. 7 Box 323 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Eva Booth Jacob Oliver 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-03-3102 Mr. Robert C. Oliver, LaVale, Md. Son no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) Cardio-Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which Coronary artery heart disease gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] USED AS A EOF HEALTH A CERTIFICATION Diabetes 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 2D AUTOPSY? YES | NOV 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART), OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 220 I certily that I taok charge at the remains described above, held an Autopsy deoth resulted from Maturol couses Homicide Undetermined manner TITLE (SPECIFY) DATE 32/6/81 ACTUAL Assit. Dptv SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Smow. Memorial Hospital (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIFY) Burton, West Virginia Burial Dec. 9.1981 Harmony Cemetery 24 FUNERAL DIRECTOR James F. Scarpe 1715, Cumberland, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RACE White USA NAME OF HOSPITAL, N WENOR LATE HER INSTITUTION GIVE RESIDENC TO CUMB DIE D FORCES? AR OR DATES) DIE 166. SOCIAL 216-3 One couse per line for (5), Y:	S. DATE OF E DEC. 3 INTRY? B MARRIED [WIDOWED B NURSING HOME OR OF FTEE APPRITAL TERFORE ADMISSION) OPTION OPTION SISK LISECURITY NO. 17 38-1230 [BIRTH BO, 1900 VEAR NEVER MARRIED DIVORCED OTHER INSTITUTION INSIDE CITY LIMITS? YES NO MOTHER'S MAIDEN N FIRST AMANDA INFORMANT	6 AGE (INYEARS LAST BIRTH 80 9 BALTIMORE CITY OR Allegan 120 USUAL OCCUPATIC (TYPE OF WORK FOR MOST OF HOUSEWIF 13e. STREET ADDRESS 1205 Bec	YRS. COUNTY OF DEA WORKING LIFE 17.0 Line After a county of DEA TO COUNTY OF D	ATH MIND OF BUSINESS OF SURVEY WAS NOT A THE CONTROL OF SURVE
USA NAME OF HOSPITAL, N. MEMOR TAL HER INSTITUTION GIVE RESIDENCE 13c. CITY OF CUMB. DIE LA D FORCES? 166. SOCIA: AR OR DATES) 216–3 One couse per line for (d), Y:	MARRIED [WIDOWED E NURSING HOME OR O HOSPITAL E BEFORE ADMISSION) IR TOWN OPERIAN [Sisk LISECURITY NO. 17 38-1230 [DIVORCED DOTHER INSTITUTION Id INSIDE CITY LIMITS? YES M NO D MOTHER'S MAIDEN N Amanda J. INFORMANT	Allegan 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF 130. STREET ADDRESS 1205 Becommodule MIDDLE	COUNTY OF DEA	wind of Business of JSTRY home or ake
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DIE LA CITY OF CUME DE LA CUME DE FORCES? 166. SOCIA: 216-3 one couse per line for (o), it:	oerland Sist	YES NO D MOTHER'S MAIDEN N. Amanda I INFORMANT	AME MIDDLE · ADDRES	I.	räke
D FORCES? 166. SOCIAL 216-3	Sisk LISECURITY NO. 17	Amanda INFORMANT	· ADDRES	SS	
216-3 one couse per line for (a), by:	38-1230 H				a Ma
SY:	(b), and (c).)				ia, Ma.
DUE TO, OR AS A CON (c) NOTIONS CONTRIBUTION 196 CONDITION FOR V	IG TO DEATH BUT NO		MINAL DISEASE OR COND	ITION GIVEN IN PA	
			YES NO	IN CERTIFYING CA	AUSES OF DEATH?
21b, TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C) ottended the deceosed 12-16 iew the body ofter death.	TH DAY YEAR 19 OFFICE, FARM, ETC.) Trom 12	14. LOCATION STREET, 19.81	CITY OR TOW	л сои	NIY STATE
2	eer M	ATTENDING PHYSICIAN 2e ADDRESS 441	NORTH CENT	TRE STRE	
	12-16e v the body ofter death	vihe body after death. DECELLER M. P. IAMES	DEGREE ATTENDING PHYSICIAN I AMES DEGREE ATTENDING PHYSICIAN 27e ADDRESS 441 CUM	DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 12 ADDRESS 441 NORTH CENTER CUMBERLAND, MARKED ATTENDING CUMBERLAND, MARKED CUMBERLAND,	DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 220. 12 ADDRESS 441 NORTH CENTRE STRE CUMBERLAND, MARYLAND

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending planaled be detached for use as the burial-transit permit. Then please remove carbons with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remover marked ar Item 18 shaws ony

IMPORTANT: If Item 21 is

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR William G. Kight, Cumberland, Md.

DEC 24 1981 Anne Jarth

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	Valledie. Seine			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) DECEMBER 8, 1981 HAROLD LARKIN PARKER 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male Sept. 2. 1921 AR White To. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Pennsylvania WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LIYPE OF WORK FOR MOST OF WORKING LIFET MEMORIAL HOSPITAL CUMBERLAND Retired 136. COUNTY Cumberland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany 33 Race St. YES X Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James T. Parker Mary E. King 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Mrs. Eunice Parker, Cumberland, Md. Wife Yes War II 18 CAUSE OF DEATH (Enter only one cause per line for, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC ALEXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM FIC 1 WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive on. _, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DR. MUHAMMAD YUSUF

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: d b

24 FUNERAL DIRECTOR James F. Scarpelligumberland, Md.

Dec. 11,1981

230 BURIAL CREMATION REMOVAL

(Spurial

1945 SETON PLACE, CUMBERLAND, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OR TOWN Sunset Memorial Par

Cumberland, Allegany, Md

2b. HOUR

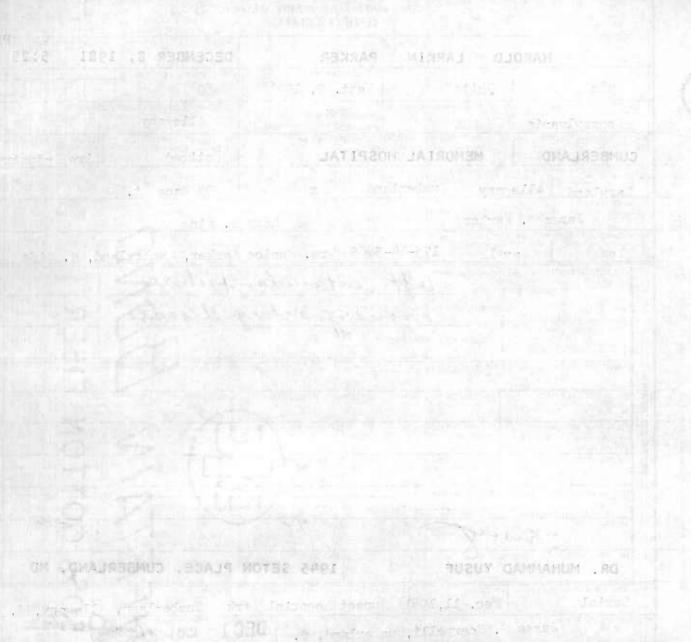
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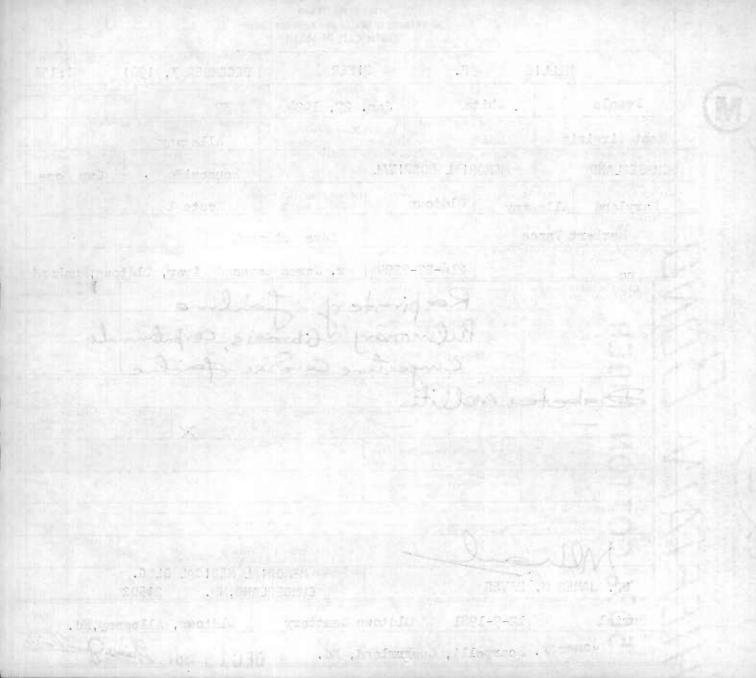
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INDUSTRY



	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 3	3 () 5 2 4
e ω €	1. DE	CEASED NAME FIRST	1.15	MIDDLE		L DED		MONTH DAY	YEAR 26 HOUR
d e o		NEL		F.	P	IPER	DECEMBER 7	, 1981	1:13A A
M	3. SE	x Female	4 RACE . Whi	te	Jan	F BIRTH 27 1924	6 AGE (IN YEARS LAST BIRT	MONTHS	ERTYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
81	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) St Virginia	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		EATH
100	CU	MBERLAND	(IF MEMO	OR AND ST	PITAL	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	ON 12b F WORKING LIFE) IN[KIND OF BUSINESS OR DUSTRY Own Home
hin 24 h should terminate	130.		ne or other institution ounty Legany	GIVE RESIDENCE BEFOR	E ADMISSION) /N	13d. INSIDE CITY LIMITS? YES NO TO TO THE NAME OF T	13e. STREET ADDRESS Route	1.	
orted with completed 1 and 2 s		Herbert Va		ŁAST		Edna Eshb	augh		LAST
te be execuicion and coefficion and coefficion to the medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	216-22-		Mr. James R	aymond Piper		wn, Husband
ow requires that the death certifuge been signed by the attending primit. Then please remove corban prior to burial, cremation, or remony injury, or other traumatic eve	ATION	Canditians, if ony, which gove rise to immediate couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICAT 19a. DATE OF OPERATION	DUE TO, C	OR AS A CONSEQUI	ENCE OF DEATH BUT I	NOT RELATED TO THE TERM	SIS COMP	DITION GIVEN IN	PART 1(o) E FINDINGS USED
The licion.	CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING (CAUSES OF DEATH?
PHYSICIAI ending ph this certifi he buriol-tr nd Mentol d or Ifem 1	MEDICAL (OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	(INER) P	.M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	19	21f. LOCATION STREET	CITY OR TOV		UNITY STATE
OR ATTENDING Per hospital ar after the DIRECTOR. After the paper of Health are Dept. of Health are fitem 21 is marked		22a I certify that (I) (this has sow the deceased alive abave, (1) (we) (did) (did)	an	19		. 19	, ta death occurred an the da	te and hour and f	, that (I) (we) last
OR he he he coche oche DiRE		22b. SIGNATURE	مو		D		MEDICAL STAF	F IAN 🗆	c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State with the State.	00	DR. JAMES	M. RAVER				AND, MD.	BLDG. 21502	
BP		Burial Burial	23b. DATE 12-9-1			n Cemetery	23d LOCATION CITY ORTOWN Oldtown,	Allegan	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	NERAL DIRECTOR NAME James	F. Scarpe	elli, Cum	perlan	d, Md. 250. DAT	EREC'D. BY REGISTRAR 2		



	1	FOR - STATE REGISTRAR	DEPARTM	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	SIENE 8'	3052	; ;
m = "02		CEASED NAME FIRST E OR PRINT)	MIDDLE	LA	ST .	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOL	JR
(Ba)		CHARLES		OWELL		DECEMBER 29,	1981 12:2	27 AM
M	3. SE	Male	White	July	31, DAY 1918 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	R 24 HRS MIN.
nn 72 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	U. S. A.	MARRIED WIDOWED	Never married D	9 BALTIMORE CITY OR COUN ALLEGANY COL		MD.
by the fulled with		umberland,	11. NAME OF HOSPITAL, NURSING (IFNOT IN SUCH FACILITY, GIVE STREET A SACRED HEART			120. USUAL OCCUPATION (PPE OF YORK FOR MOST OF WORKING FACTORY WRT.	126 KIND OF BUSIN INDUSTRY Celanese	ESS OR
hould be	13a.	Maryland All	or other institution, give residence before INTY 29any Cumberla		13d. INSIDE CITY LIMITS? YES XX NO [130 STREET ADDRESS 1117 Bishop Wo	elsh Dr.	
ompletely 1 and 2 s		ATHER'S NAME William	MIR. Politell		Henrietta	ME MIDDLE	Twigg	
s. Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YES, (W. (RMED FORCES? 166. SOCIAL SECUPIVE WAR OR DATES) 214-07-5.		Mrs. Mary L.	Powell, 1117 E	Cumb. Md. Bishop Walsh	2150 Dr.
d by the ottending physic cose remove corbon pope of, cremotion, or removal or other troumotic event, it		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), ond ED BY ITE CAUSE (o) DUE TO, OR AS A CONSEQUE! (b) DUE TO, OR AS A CONSEQUE!	Chul Herof	martal	Macandid In	APPROXIMATE INTE SETWEEN ONSET AND ADDRESS OF THE PROXIMATE INTE	CAO
en signed Then plea or to burio	NOI		CONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART I 10	
to hos be hos be with permit p	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	WAS PERFORMED		YES, WERE FINDINGS USE TIFYING CAUSES OF DEAT YES NO	TH?
certificate riol-tronsi entol Hyg		2)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2]	
After this ce os the bur	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ECTOR: Ald for use of Healt, m 21 is mo		sow the deceased alive as above, (I) (we) (did) (did no	itol) attended the deceased from 19	, ond		, to deoth occurred on the dote ond h	, 19, that (1) (
AL DIR Jetoche ote Dep	18	226 SIGNATURE	Mannoca	000	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-3/-	21

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT:

23b. DATE

1/1/82

Victor E. Mazzocco, M. D.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BWIAL

231 NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park,

22e ADDRESS

23d LOCATION
CITY OR TOWN
Cumberland,

BMG-912 SETON DRIVE CUMBERLAND, MD 21502

24 FUNERAL DIRECTOR H. Wayne George GEORGE FUNERAL HOME GREENE STREET, CUMBERLAND,

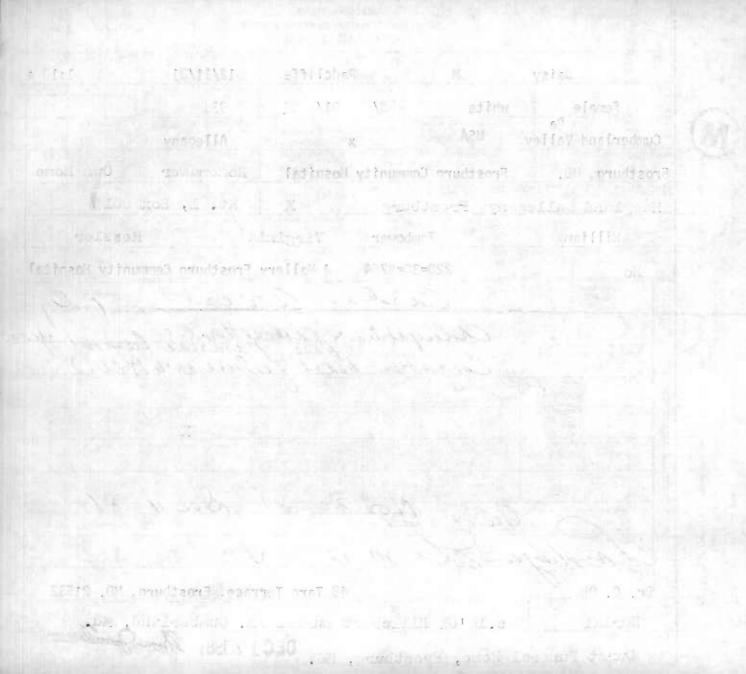
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Durst Funeral Home, Frostburg,

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME E OR PRINT)	ESTE.		AMES	RADI	ER	DECEMBER 2		10:30 F
3. SE	× MALE		4. RACE WHI	TE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEA	
	RTHPLACE (STATE OR F COUNTRY) est Virgin		76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO		MD
(H FACILITY, GIVE STREET			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Farmer	RKING LIFE) INDUSTR	of Business or Y M-Agricu
MA	AL RESIDENCE (IF NURS STATE RYLAND ATHER'S NAME FIRST	ALLE	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Oldtown LAST	'N	13d. INSIDE CITY LIMITS? YES NO DO 15 MOTHER'S MAIDEN NAI	13e STREET ADDRESS Route #1 Bo		AST
16a \	OLPH WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	RADER 166 SOCIAL SECU 218–14–8	RITY NO.	ELLIE 17 INFORMANT Mrs. Effie R	ADDRESS	STREE as above	TS
CERTIFICATION		which nediote g the lost.	DUE TO, OF	returna 9	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC C A D Vest 200 AUTOPSY? 200 IN	DN GIVEN IN PART I	ings used
MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT	P./ 21e. PLACE (M, MONTH DA M.	19	21c. HOW INJURY OCCURR 211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJURY IN I	YES STEM 18 PART : OR PART 2} COUNTY	NO _
	WHILE NOT WHAT WORK 120-1 certify that (I) sow the deceose obove, (I) weyld 120-1 SIGNATURE	(t) is hospited alive on a lid) did not	12-2) view the body	F 19 8		DEGREE ATTENDING PHYSICIAN	, 10	nd hour and from the	, that () (we) lost e couses stated E SIGNED
22.5		IONY	J. BOL	LINO			RICK STREET	CUME	BERLAND
230 E	BURIAL, CREMATION,	KEMOVAL	236. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	40.45	60.00

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

FOR

John J. Hafer, Jr.

BURIAL

ADDRESS

Davis Memorial

LaVale, Md. 21502

Near Cumberland

Near Cumberland Allegany Md
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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SCARPELLI FUNERAL HOME; 108 VIRGINIA AVE.

(VRA 15, 4)

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and the second second	CONTROL OF TAXABLE AND STREET AND	PACE TANDACTOR

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO			

	REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. NO			Comp	
	CEASED NAME FIRST	м	IDDLE		AST			MONTH	DAY YEAR	2b. HOU	JR .
	JOHN HE	NRY	RHODE	ES			DECEMBER 5.	1981		1:50) PM
1 SE		4 RACE		5. DATE			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	-
	MALE	BLA	CK	MONTI 8	22 190	1	80	YRS	MONTHS DAYS	MOURS	MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	As a		BALTIMORE CITY O		Y OF DEATH		
	MARYLAND	IIS	Δ	WIDOW	D NEVER MARR		ALLEGANY	COLIN	ITV		445
10 C	ITY OR TOWN OF DEATH	TT. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTI	- house	12a USUAL OCCUPATION		126, KIND O	F BUSINE	MD.
	CUMBERLAND		FACILITY, GIVE STREET				(TYPE OF WORK FOR MOST O		LIFE) INDUSTRY		
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION O	CRED HEA	ADMISSIONI	SPITAL		MAIL HANDLE	R	B&O RA	TI P	OAD
130.	STATE 136 COUN	1TY	13c. CITY OR TOW	N	134 INSIDE CITY LI	_	13e. STREET ADDRESS				
14.5	MARYLAND ALL	EGANY	MARYLAND		YES NO		319 FREDE	RICK	ST		
14.77	FIRST	MIDDLE	LAST		15. MOTHER'S MAI	DENNAM	VE MIDDLE				
4	EDWARD	T.	RHODES		MARY		E.		DAV	IS	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS			
1	NO		705-05-6	01.1	ELLA H.	PHODE	S. CUMBERLA	ATD ME	3 27502		
1	18 CAUSE OF DEATH (Enter on	ly one couse per li	ne for to b and	tiest			۸.	1	APPROXI	MATE INTER	VAL
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last: PART 2 OTHER SIGNIFICANT ((c)_ CONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO TO		NAL DISEASE OR CONE	20b. IF YE	ES, WERE FINDIN	IGS USER	
F							YES NO		IFYING CAUSES	OF DEAT	
	?]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	111	. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY T. FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	S	TATE
	220 I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no	000	0 0 19	8		obinion qu	, to Oce			hat (I) (v	.,
	22b. SIGNATURE	NO	1	6	DEGREE ATTEN	DING O	MEDICAL STAF	F IAN []	22c. DATE	SIGNED	
	22d PHYSICIAN'S NAME (TYPE O	R PRINT)	اروم وا	2	22e. ADDRESS	12 SE			BERLAND.	MD 2	1502
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUNTY		TATE
	BURIAL	12-8-1	981 BUN	SET M	EMORIAL P.	ARK	CUMBERLAN	DAI	LECANY	MD	i Ait

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

MPORTANT: If Item 21 is morked or Item 18 sho

24 FUNERAL DIRECTOR 230 **BALTIMORE AVE, STEIN FUNERAL HOME; CUMBERLAND, MD & DHMH - 16 50M 1/81 (VRA 15, 4)

STORES HERE THE STORES THE STORES BO, BIZ BEYN CHIVE, OLDERAKE, E 21500 LEASURE STEEN FUNERAL HOME: DEMENSION BY THE SEC IN COMMISSION BY THE STEEN FUNERAL HOME AND A

		FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	3	0 5	30
ay be age 3 death		CEASED NAME E OR PRINT)	RGIL	ALL	AN RIC		AST	DECEMBER			26. HOUR 9:00P
Page 4 may	3. SE	Male		4 RACE Whi	te	5. DATE O	1 19, 1900°	6 AGE (IN YEARS LAST E	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS
Goth. Po		IRTHPLACE (STATE OR F COUNTRY) Maryland		US		WIDOWE		9 BALTIMORE CITY ALLEGANY	OR COUNTY		MD
by the filed v		ITY OR TOWN OF DEA Cumberland		SACRE	D'HEARTEL	OSPIT	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF YORK FOR MOST	TION OF WORKING LIFE)	INDUSTRY	Co.
filled in hauld be		AL RESIDENCE (IF NURS STATE Maryland	13b COUN Alle	OTHER INSTITUTION ITY gany	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 9 N. L	ee St.		
ampletely ampletely and 2 s				R. Rice	LAST		Verdie	Mae Twigg		LAS	1
be execu	160 \	WAS DECEASED EVER YES, NO ORYNKNOWN)	U.S. AR	MED FORCES? E WAR OR DATES) T	220-10-		Mrs. Blanch		RESS mberlan	nd,Md.	Wife
equires that the death certification is signed by the attending plane please remove carbans for burial, cremation, or reminjury, or other traumatic eve	NON	PART I. DEATH W Conditions, if ony, gove rise to imm cause (a). Statin underlying cause PART 2 OTHER SIGN	which nediote g the lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO E	NCE OF	ullatur	INAL DISEASE OR COI	NDITION GIVE	21	years
sician. The law r sician. The has bee not been the sit permit, ygiene pria shaws any	CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY!		GS USED OF DEATH? NO
NG PHYSICIAN: TI entending physicial filer this certificate as the burial-transit h and Mental Hygi breed or Item 18 sh	MEDICAL C	OR CONTRIBUTING COLOR (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DEA A EXAMINER! ED	HOUR A.	M. MONTH DA M.	Y YEAR 19 ARM, ETC)	211 LOCATION STREET	CITY OR T		COUNTY	STATE
AL OR ATTENDIN the hospital or AL DIRECTOR: A lettoched for use to the Det. of Health T. If them 21 is mo	87.89	270.1 certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATUR	d alive an		10		d that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN (6		AFF		
TO HOSPITAL I CETOINED by the TO FUNERAL I Should be detained with the State I IMPORTANT: If	22-		orge 1	Breza, M			BMG-912 SETO	ON DR., CUN		D,MD.2	1502
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	BURIAL CREMATION, (SPECEY) BURIAL UNERAL DIRECTOR NAME CARPELLI F.		12-1	7-1981 M	t. He	rman Cemetery 256 121 ND, MD. 21502	Cumberl	and Al	COUNTY	STATE

Chice . A month [1900 rod ixa'r a boofeedend vermealing bearing du est . C Yes Yar I 220-10-2003 Mrs. Clarche Mico, Umberland, Md. 24fe Y. Secret organ, B.D. .br. brandle .com/release versen Cemercon, allower, slicer.

e ottending physicion and completely filled in by the funeral move corbanpopers. Pages 1 and 2 should be filed within 72

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinent

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR: After this certificate has been

FOR	
 STATE	

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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34		
1	- 1	

	DECEASED NAME	FIRS1	WIDDLE	LAST		20. DATE OF DEATH	MONTH DA	AY YEAR	Zb. HOL	ID
(1)	YPE OR PRINT)	THEODOCIA	G.	ROBINETTE			21. 198	21	3:15	
3. 9	SEX	4 RACE		DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	7	IF UNDER 1 YEAR	IF UNDER	77.7
	Female	White		July 16, 18	393 YEAR	88	88 YRS. MONTHS			MIN.
	BIRTHPLACE (STATE OF	Contract Contract	WHAT COUNTRY? 8	AARRIED NEVER M		9 BALTIMORE CITY C		OF DEATH		
	Maryland	USA	w	DOWED DIV	ORCED [Allega				MD.
)	CUMBERLÂNE	(IF NOT IN SU	CH FACILITY, GIVE STREET ADDR				ION DE WORKING LIFE)	12b. KIND O INDUSTRY Home		SSOR
130	UAL RESIDENCE (IF NUR STATE MD	136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS Rt. 4. Box 1				ox 193	93 Oldtown Road			
	Moases Twigs Mobile Mobile Middle Middle Last Middle Last Middle First Erhman Ellis							LAS	0	
16a.	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY		e Merr	ADDRI Citt Cumber	rland,	Maryla	and	
	18. CAUSE OF DEAT PART I. DEATH V	I'H (Enter only one couse pe VAS CAUSED BY: JAMEDIATE CAUSE (0)	r line for (o), (b), and (c)	. 0				APPROXI BETWEEN	MATE INTE	DEATH
	Conditions, if ony gove rise to im couse (o), state underlying coust	mediate ng the DUE TO. C	R AS A CONSEQUENCE	Allero Sa	lein	4-3		4-	وهد	
CERTIFICATION	PART 2. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	Wrend	Jours		20b. IF YES,	WERE FINDIN	NGS USE	H?
	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY .M.	YEAR	URY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB PAR	ET I OR PART 2)		
MEDICAL	ZId. INJURY OCCUR WHILE NOT W AT WORK	HILE []	OF INJURY REET, FACTORY, OFFICE, FARM. I	21L LOCATION STREET	4	CITY OR TO	WN	COUNTY	5	TATE
-	sow the deceos	ed olive on did (did not) view the body	10 %	, and that in (my) (a	, 19 our) opinion d	, to12 death occurred on the do	ote ond hour	and from the		
- Sec	22d. PHYSICIAN'S,N	AME (TYPE OR PRINT)	een	AT	TENDING HYSICIAN	MEDICAL STAI	IAN 🗌	22c. DATE	21/8	
	WILLIA	M P. IAMES,				N. CENTRE S ERLAND, MAR		215	502	
	Burial, CREMATION,	REMOVAL 23b. DATE 12-23-	_	of CEMETERY OR CE		23d. LOCATION CITY OF TOWN Cumberla	and Al	county 11egany		TATE
24	JAMES F. S	SCARPELLI CU	MBERLAND, N	D 21502	25a DA	E.C.D.B.A.B. J. J. S. J.	25h BEFER	Le Contraction	MACON STREET	-

DHMH - 16 50M 1/81 (VRA 15, 4)

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CTOR. FILES. FOURS TREET.	3. SEX		4. RACE	S. DATE OF BIRTH	6 AGE (IN LAST BIRT)	YEARS IF UN	DER 1 YR.	IF UNDER		C DATE	M	ONTH DA	AY YEAR 24	HOLLS 30
2 m × 1 v	Fe	male	White	Feb. 27.		YRS.	S DAYS	HOURS	MIN	DEAD	Dec.	13,	1981	A.M
- (na)		RTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEV	ER MARRI	ED 🗆	BALTIMOR	E CITY OR C	OUNTYO	FDEATH	
CHRIST S		Maryla	nd	u. s.	A.	WIDOW	ED XX	DIVORC			egany			MD.
W. P. B. B. B.	10. CI	Y OR TOWN	OF DEATH	(IE NOT IN SHICH EAG	PITAL, NURSING HO	AE, OR OTH	ER INSTITUT	ION		AL OCCUPAT		WORK 12b	KIND OF BUSINE OR INDUSTRY	ESS
APPEN OCCUR		umberl			ford St.				Lego	il Sect	etary	Lo	OR INDUSTRY	
ANY DANY DECORD ECCORD	13a. S	L RESIDENCE TATE TUILAND	(IF IN NURSING HOME OF ALLEO	TY	130 CITY OR JOYN		13d. INSIDE CI	IY LIMITS?	13e. STRE	et address 10 Bed6	ond St		•	
2.21 2.25 2.25 AL.		THER'S NAMI		100.50			IS. MOTHE	R'S MAIDE		MIDDL			1457	
AORE, MD FER DEATH PAGES 1, PAGES 1, N OK VE		Andrew		WIDDLE	Ryland		Nai	RST 1				Ru	ussell	
ORWAGIO			D EVER IN U.S. ARA		166. SOCIAL SECUR	ITY NO.	17 INFORM	TANT		A	DDRESS	100		
BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM PAGES O A	,,,	No.	(IF YES, GIVE	WAR OR DATES]	217-10-16	544	Mrs.	Doro	thy F	. Leya	lig, Ri	t. # 3	3, Cumb.	Md.
		18. CAUSE C	F DEATH (Enter an	ly one cause per line	far (a), (b), and (c).)							В	APPROXIMATE INTE	RVAL
PRESTON ST., VITHIN 24 HO CIL IN ITEM 18 NER ALONG ALNSIT PERMIT ALNSIT PERMIT ALOVAL.		PARTIDI	EATH WAS CAUSED	D BY: TE CAUSE (a)		Arter	ioscl	eroti	c Hea	urt Dis	ease,			
AL.		414	0	DUE TO, OR	AS A CONSEQUENC	E OF						35		
W. PRES D. WITH ENCIL II AMINER TRANSI		gave ri	ns, if any, which se to immediate	(b)										
		cause (a lying cai) stating the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUENC	E OF						0.0		
301 IN P				(c)										
DIVISION OF VITAL RECORDS, 301 W. S CERTIFICATE SHOULD BE EXECUTED V. RITING THE WORD "PENDING" IN PEN. ROED TO THE CHIEF MEDICAL EXAM RED SHOULD BE USED AS A BURHAL: RE E DEPARTMENT OF HEALTH AND MEN. PRIOR TO BURHAL, CREMATION, OR RE	NO	PART 2 DIHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TE	RMINAL DISEASI	DR CONDITION	GIVEN IN PA	RT 1 (a)					
ALRECC HOUID B D "PENE HIEF ME USED AS OF HEAL!	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFOR	MED?	1			21	D. AUTOPSY?	
VITALI SHOU ORD '' ORD '' ORD '' ORD '' NI OF H	1-1												YES N	XX
CATE S CATE S THE WO ULD BE IMENT		210. EXTERN.	AL CAUSE WAS	116 TIME OF HOUR A.M	INJURY MONTH DAY YE		YAULNI WC	OCCURRE	D (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
FRIFICA ON THE ED TO THE ED THE ED TO THE ED T	CAL	CONTRIBUT	NG CAUSE OF											-11-
IVISIC CERTI TING DED 1 3 SH DEPA PRIOR	MEDICAL	21d. INJURY	OCCURRED NOT WHILE	21e. PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	2		CITY OR TOWN		COUNTY		STATE
MRI WRI VARE AGE ATE		AT WORK	ATWORK	-			+ L	9 9						
MTE, ORV		22a cert	ify that I taak charg	ge at the remains des	cribed abave, held an	Autap	sy 🔲,	Inspectia	n XX	Inquiry X	d, and in	my apinio	n	
AND HELONE		death resul	red fram: Natu	ral causes XX;	Accident ,	Suicide	" Hamic	ide,	Undete	ermined mann	er .			
XAA JIERT WIT		ACTUAL	0	1110	4	01	TITLE (S	PECIFY)				DATE		
AL HE ON THE CALL		ACTUAL SIGNATURE	Wo-	- min	many	76 M	.D. De	puty	MEDI	CAL EXAMIN	ER	SIGNED_	12/13/81	10
MEDICAL ECUTE THE COSE & SHOWN FILE DE STANDERAL ITEM PEATH.	1	EXAMINER'S	NAME GIO	isanni Mast	trangelo,	MD		Santo	d Hor	ant Hou	in Cui	mbone	and, Md.	12
TO ME EXECU PAGE TO FU BALTIN		TYPE OR PR	NI I				MDDKE33_		Jan Hel		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1100	
DX 47 A 48	23a.B	SPECIFY)	TION, REMOVAL	12/16/81	23c. NAME OF C	EMETERY C	RCREMATO	ofor.	CITY C	PRIOWN	1 APP	COUNTY	Maryla	nd
BP	74 E	UNERAL DIRE		14/10/01	St. Pa	21	502	250 DATE	REC'D. BY	REGISTRAR I	256 REGISTR	R'S SIGN	MA	
DHMH - 17 (VR A15 ME (5))	H	Wayne	George :	202 Greene	St. Cumb	erland	I, Md.	DEC	16	1981 3	igness	Jan	/ kithen	
15M 7/76		***********					-					1		

But I say a second to the second C. LEE MAN. STATE STATE Lander of the Content Consider I and the second of t and the second s Assertion from the track of the state. Low Matiery The finite startes against the contract of the winest percent of the transfer of the state the fillens to the state of the properties, at 1960 to 1961. The state of the state of

STATE OF MARYLAND

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	10	FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	3 0	j 3 d
(1)	1. DE	CEASED NAME FIRST CAR	RIE Virginia	SIRE	LAST	DECEMBER		2b HOUR 3:42A
M	3. SE	Female	4. RACE White		7 29, DAY 1905 AR	6. AGE (IN YEARS LAST BIRT		TYEAR IF UNDER 24 HRS
in 72 hou	70. BI	RTHPLACE (STATE OR FOREIGN PARTY)	76 CITIZEN OF WHAT COU	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Allegan		TH
by the fulled with		JMBERLAND	MEMORITAL, MEMORITAL, ON			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSewife	WORKING LIFE) INDU	IND OF BUSINESS OR STRY WN HOME
filled ould by	130. S	aryland All	or other institution give residence UNITY 131. CITY O Frost	RTOWN	13d. INSIDE CITY LIMITS? YES IN O	13e STREET ADDRESS 1 Kaylor	Circle	
ond 2 ond 2	14. FA	THER'S NAME FIRST John W.	Manuel	ST	15. MOTHER'S MAIDEN NAM Charlotte			LAST
s. Poges		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, O NO	LIVE WAR OR DATEST	56-9600	Mrs. Juanita	ADDRES		Daughter
n signed by the ottendin Then pleose remove cort It oburiol, cremotion, ar injury, or other traumoti	NOI	Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEOUENCE OF		NAL DISEASE OR COND	DITION GIVEN IN PA	nnedent
icion. te hos bee sit permit. giene prio shows ony	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [NO [
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINATION OCCURRED		19	21c. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR'		
e hospital or atter DIRECTOR: After ched for use as th Dept, of Health an Item 21 is market	N	WHILE NOT WHILE AT WORK 220.1 certify that (1) this has saw the deceased plive above; (1) we) (did) (did to 22b. SIGNATURE	pital) attended the deceased on 12 - 9 and) view the body after death.	fram /2	nd that in (aur) opinion d		te and hour and from	, that (1) we) last m the causes stated DATE SIGNED
TO FUNERAL I should be deto with the State I IMPORTANT; If	23a. B	urial, cremation, remove	J.BOLLINO	23c NAME OF C	220 ADDRESS 955 CUMB	FREDERICK FRIAND M. [23d. LOCATION	STREET	21502
BP AH - 16 50M 1/81 (VRA 15, 4)		PERAL DIRECTOR NAME James F.	12-12-1981 Scarpelli, Cur		wn Mem.Gardens DEC	Cumberla	nd, Alle	

es the profession tours infilter on the Profession 955 PREDERICK STREET DR. ANTHONY J. BOLLING JR. CUHHERLAND, MARYLAND 21502 the words I the treated confirm this confirm to the confirmation of the confirmation o June F. Congress Combergator Commit

DEPARTMENT OF YEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 HOUR TYPE OR PRINT Valerie ALMA DECEMBER 31. SMARR 1:33A 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female. White Feb. 11, DAY 1896 FAR 85 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Georgia. Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWLAE. Own Home. MEMORIAL HOSPITAL CUMBERLAND Cumberland, Allegany 220 Somerville Ave. Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Teauton Annie Corley Jesse 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Somerville Ave. Md. 16b. SOCIAL SECURITY NO YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES Mrs. Anne E. Mills, Booth Towers, 220 Cumb. No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o). (b), and ic PART I. DEATH WAS CAUSED BY. respretory 5.25 Vascerlar accedent Conditions, if any, which gove rise to immediate stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STREET STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on, and that in (gry) (our) opinian death occurred on the dare and hour and fram the causes stated abave, (Mile) (did not) view the bady 226. SIGNATURE DEGREE 22c DATE SIGNED allo MEDICAL be deta e State [12/31/81 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME ITYPE OF PRINTE 22e. ADDRESS MEMORIAL MEDICAL BLDG. th the DR. SHAN A. NATHAN CUMBERLAND. MD. 23a, BURIAL, CREMATION, REMOVAL 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY Allegany Maryland Restlawn Mem. Gardens, Cumberland, Burial 1/2/82 BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/BI (VRA 15, 4) H. Waine George 202 Greene St. Cumberland, Md.

STATE OF MARYLAND

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		9651 II		AND THE REAL PROPERTY.	Foresta
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Solvenson and American			June Frederic	Megmus 1	e handren
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eriend, Allegary Barolds	dania, engl	raa Jagit	ra Stank		

H. THER DESIGNATION SET REMEMBERS IN LAND S. LOW STATES AND

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

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	REGIS	IKAK		CENTIN	ICHILOI	PEATH	REG. NO.		
	I. DECEASED		WIDDLE	C BUAL	LAST		20. DATE OF DEATH MO	NTH DAY YEAR	26 HOUR PI
	L THE OK PRINT	MARY	SUSAN	SMIT	Н		DECEMBER 8	8. 1981	2:45 M
	3 SEX		4. RACE	5 DATE O			6. AGE (IN YEARS LAST BIRTHD)		
	Fen	nale	Caucasian	Aug		1902	79	YRS DAY	S HOURS MIN.
1	7a. BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER	MARRIED [9 BALTIMORE CITY OR C	OUNTY OF DEATH	1-15-11-
5	_	vlvania	U.S.A.	WIDOWE		NORCED	Allegany	7	MD
-	10. CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		TITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
2	CUM	BERLAND	(IF NOT IN SUCH FACILITY, GIVE STI MEMORIAL	HOSP	ITAL		Kelly Tire		
-	USUAL RESI	DENCE (IF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE		1 13d INSIDE	TITY I IAAITCO	13e. STREET ADDRESS		
	Mary:		egany Frost		VES TO	NO [ong Ave	
	14 FATHER'S		MIDDLE		15. MOTHER	S MAIDEN NA	WIDDLE	NE III YELLIA	455
0	Wa	alter	Winge	rt	Ele	anor	MIDDLE	Shaff	er
		CEASED EVER IN U.S. AR	MED FORCES? 16 SOCIAL SE /E WAR OR DATES) 215-	20-71	00 Al		Smith Fros		Md.
	Cond gove couse unde	itions, if ony, which rise to immediate to immediate to install the rlying cause lost.	DUE TO, OR AS A CONDITIONS CONTRIBUTING T					ON GIVEN IN PART	
	CERTIFICATION DV	TE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20	DE IF YES, WERE FIND CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
7		CIDENT WAS UNDERLYING THE CAUSE OF DEATHER, NOTIFY MEDICAL EXAMINER		DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
	AEDICAL (IE EII	JURY OCCURRED	21e. PLACE OF INJURY	CE. FARM, EA	21f. LOCATI		Cry or town	COUNTY	STATE

MEDI

morked or Item 18 sh

21d. INJURY OCCURRED

COUNTY STATE

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

TERRY WILLIAMS

22e ADDRESS MEMORIAL

HOSPITAL MEDICAL BUILDING

(SPECIFY) Burial		12/1	11/
24 FUNERAL DIRECTOR		57	F
Dametwillianenel	Home	2	

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION
CITY OR TOWN

Frostburg

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is

ATTENDING

O HOSPITAL OR

BP.

ost Ave. Frostb urg, Md 21532

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the ishould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	40	-	-	
EG. NO.				

3. SEX Male Mhite Mhite Moderate	_	REGISTRAR				REG. NO.	
A RACE SDATE OF BRITH		PE OR PRINTI		LAS	1-10		- AC
Male White Male White Wind	2 CE			JA.	Idek		0 4
BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA MARRIED NEVER MARRIED		Male				86	
In the control of the property of the proper				MARRIED		9 BALTIMORE CITY OR COUNT	
136 STATE 136 CAUNTY 136 CITY OR TOWN 136 Maryland Allegany 136 CITY OR TOWN 146 FATHER'S MAME 150 MOTE	Cu	umberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Lions Manor Nurs	GHOME OR ADDRESS) Sing Ho	OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
Alonzo Eli Snider Hattie Ann 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187 WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 188 CAUSE OF DEATH IEnter only one couse per line for 10. 16. and 10. PART 1. DEATH WAS CAUSED BY: WINT DUE TO, OR AS ACONSEOUSNICE OF COnditions, if only, which gove rise to immediate couse iol, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS COLUMN IN THE PART 1. DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. DEATH	130. 3	Maryland Al	VTY 13c CITY OR TOW	rland	YES NO X	Rt.#4, Box 413	
Ves		Alonzo	Eli Snider		Hattie	Ann	LAST
18 CAUSE OF DEATH Enter only one cause per line fgr (D), (b) and (c) PART I. DEATH WAS CAUSED BY:		[YES NO OR UNKNOWN] (IF YES, GIV	E WAR OR DATES)				on Dr.Cumb.Mc
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 221. DEGREE DEGREE 222. DATE SIGNE 222. PHYSICIAN NAME (TYPE OR PRINT) 222. PHYSICIAN NAME (TYPE OR PRINT) 222. ADDRESS	IIFICATION	couse (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT C	CONDITIONS COLVERNI ING TO D	DEATH BUT N	Her Alzophu	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
sow the deceased alive an above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNE 22c. DATE SIGNE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN DIRECTOR PHYSICIAN DI		OR CONTRIBUTING CAUSE OF DEA	P.M. 21e. PLACE OF INJURY	19	RIL LOCATION	ED (ENTER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)
LOHN A TOPPER MAS KNOWNEW, OK 15545.		220.1 certify that (I) (this hasping sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	1) view the body ofter death. 19 &	DE	GREE ATTENDING PHYSICIAN	MEDICAL STAFF	1981 , that (I) (we ur and from the causes state 220. DATE SIGNED 126. 778
230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMERERY OR CREMATORY 236 LOCATION	0.2	ROHN A)	07700	7-0	Hystoman	Cu 15545.	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

James Freciscarpelli, Cumberland, Md.

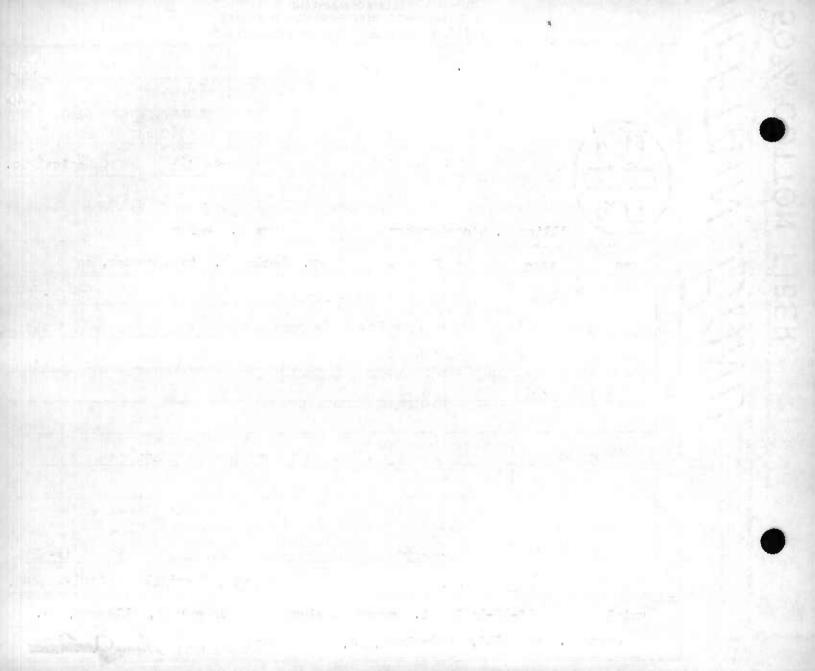
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S TONATURE JUNE 1982

12-27-81 The Herrison Complexed Dutcherstand, Md. HALLegger Dance I. descollit, Combartant, IM.

	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3	0	3 8
		CEASED NAME FE		MIDDLE		AST	20 DATE OF DEATH		AY YEAR	2b. HOUR
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MAI.	I.e.B	Female IRTHPLACE (STATE OR FOREIG		OF WHAT COUNTRY	12 1		9 BALTIMORE CITY O	YRS T	OF DEATH	
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DO DO	10 C	Mt. Savage	11. NAME (IF NOT I		ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWI	ON F WORKING LIFE) INDUSTRY	of BUSINESS OR Home
illed in bit of the bi	136.	AL RESIDENCE (IF NURSING		13c CITY OR TO	ORE ADMISSION)	134 (NSIDE CITY LIMITS?	13a. STREET ADDRESS	a Hi]		HOME
400	_	ATHER'S NAME			bavage	IS MOTHER'S MAIDEN NA	ME			
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300		WAS DECEASED EVER IN L	S ARMED FORCE		CURITY NO	17 INFORMANT	ADDR	SS		
Pages t, the r		No		216-10	0-1432	D Mrs. Et	chel Snyde	r, Mt		
n papers. P removal. atic event,		18 CAUSE OF DEATH (E. PART I. DEATH WAS	nter only one couse	e per line for (a), (b),	and (c).)	1	/		BETWEEN	MATE INTERVAL ONSET AND DEATH
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on, or r		1539		O, OR AS A CONSEO	UENCE OF	1- n- to	brees)		100	
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t. Then please in the control of the	z	PART 2 OTHER SIGNIFIC	CANT CONDITION	"	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 10	01
nsit permit. The Hygiene prior in 18 shows an	CERTIFICATION	190. DATE OF OPERATION	1 19b. CC	ONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
lental Hygiene pri		216 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOU	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR				
77	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	1117117	ACE OF INJURY AE, STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR FO	VN	COUNTY	STATE
use as the but Health and 21 is marked	1	220.1 certify that (I) (this	73			, 19	, to		19	that (I) (we) lost
for m		sow the deceased a above, (I) (we) (did) (dyd nat view the b	oody ofter death.	, o	nd that in (my) (our) opinion	death accurred an the d	ate and haur		
ERAL DIR e detached State Depi ANT: If It		22b. SIGNATURE	Vagon	el m	0	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN [12 DATE	SIGNED - 4-81
should be detactive the State IMPORTANT:		Gary I	/1	er, M.D.		925 Bisho	op Walsh I	r., (Cumber	land, Md
- fs 3 =	23a	BURIAL, CREMATION, REM	OVAL 236. DAT	E 23	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	Dec	.6,1981 1	Frost		ark Frosth	urg.	Alleg	
/H-16 25M	24 F	UNERAL DIRECTOR	TATE DAT TH	OME, FROST	PITEC		E REC'D. BY REGISTRAR	256. REGISTI	RAR'S SIGNAT	URE SIL
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li.	FOR STATE			TMENT OF HEA	F MARYLAND LTH AND MENTAL I	2.3	3 0 5 3 9
	REGISTRAR DECEASED NAA	AE FIRST	MEDICA	L EXAMINER'	S CERTIFICATE (20. DATE KNOWN	
	TYPE OR PRINT)	CHAR	LES W.	STO	NEBREAKER	OF ESTI-	□ 12-10 19 81 170
3. S	_{EX} Male	4. RACE Cau	5. DATE OF BIRTH MONTH DAY 5-23-30		ONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d. HC 12-10- 1981 . 2d.
70.	BIRTHPLACE (FOREIGN COUNTRY)	state or nd	76. CITIZEN OF WHAT COL	INTRY? 8. M.	ARRIED NEVER MARK	RIED L. I	or County OF DEATH
10.	umberla	OF DEATH	11. NAME OF HOSPITAL, NO (18 NOT IN SUCH FACILITY GIVE MEMORIA)	IURSING HOME, OR			YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Chemical Co
UŠI		(IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	FATHER'S NAM FIRST	e Willi	am T. Stoneb	LAST	15. MOTHER'S MAID		LAST
160.	YES, NO, OR UNKN	19	war or dates)	16-22-562	17. INFORMANT Mr. Char	ADDRES Cles W. Stonebr	
	18. CAUSE (EATH WAS CAUSED	E CAUSE (a) Lard	io-pulmona	iry arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
-	gove i	ons if any, which ise to immediate	(0)	nic seizur	e disorder	-	10 yrs.
	lying ca		()	injury			10 yrs.
IO. C.		Cardiomeg	CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN PA	ART 1 to	
CERTIFICATION	19a. DATE O	FOPERATION	196. CONDITION FO	R WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES V NO
CAL CER	210. EXTERN UNDERLYIN CONTRIBUT	AL CAUSE WAS GOR ING KOCAUSE OF E	216. TIME OF INJURY HOUR A.M. MONT P.M.			ED (ENTERNATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
MEDICAL	21d. INJURY WHILE AT WORK		21e PLACE OF INJUR	RY (AT HOME, 211.	STREET Not known	CITY OR TOWN	COUNTY STATE
	22a I cert deoth resul	ted fram: Natur	e of the remains described all al causes X, Accident		TITLE (SPECIFY)	Undetermined manner	DATE 12-11-81
	EXAMINER'S		1 Snow, M.D.		Denuty	morial Hospita	1, Cumberland, Md
L	Buria			NAME OF CEMETER Mt. Herman	Cemetery	Cumberland,	
24	FUNERAL DIRE	ctor ames F. Sc	carpel 1998; Cum	berland, M	d. 250. DATE	EC1 3 198	SISTRAP'S SKINATURE



STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN TO 7h HOUR (TYPE OR PRINT) S NECESSARY, PLEASE
E FUNERAL DIRECTOR.
E F FOR YOUR FILES.
ED WITHIN 72 HOURS
W. PRESTON STREET, ESTI-Charles H. Sturtz DEATH MATED 10 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR YEAR IF UNDER 24 HRS DAY DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED Male White Dec. Feb. 9 1907 DEAD YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED TO NEVER MARRIED USA Allegany WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED AL RECORDS, 201 W. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Cumberland Memorial Hospital Retired Bakery USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegan 28 Marion St. Maryland Cumberland YESVEN NO F DURS AFTER DEATH. IF A B. GIVE PAGES 1, 2, A 3. R. S. WITH FORM PM 3. R. AIT. PAGES 1 AND 2 SHORT PRINTSION OF VITAL RI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Charles H. Sturtz Cora Martz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS LYES NO OR LINKNOWNS (IF YES GIVE WAR OR DATES 214-05-7223 Yes Evelvn Sturtz. Cumberland . Md . Wife CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSII POR HEALTH AND MENTAL HYGIENE, COE HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES 🗍 NO TO MEDICAL EXAMINER: THIS CERTIFICATE SF EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BE BALTIMORE, MARYLAND, 21201 PRIOR TO BUJ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL PM 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK NOT WHILE CITY OR TOWN COUNTY STATE AT WORK X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) Deputy 12-15-1981 MEDICAL EXAMINER EXAMINER'S NAME Dr. Nicholas Giarritta Sacred Heart Hospital. Cumberland. Md (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢. NAME OF CEMETERY OR CREMATORY Burial 12-18-81 Hillcrest Burial Park Cumberland. Allegany Md BP 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR Scarpelli, Cumberland James F. **DHMH-17** NAME (VR A15 ME (5)) 15M 2/80

12-15-81 | Millorest Invist Lyrk Oreberland, Milograps, Md. Burist dress. Scenariti, da jarde-d Miller Line of the contract of the contrac

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V	1.	FOR STATE			DEPARTMENT OF	HEALT	H AND ME	ENTAL H	YGIENE	1	~2	0 :	8 1 8
0/	115	REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFIC	CATEO	FDEATH	- DE	G. NO.	0 0	4
	1. DE	CEASED NAME	FIRST		WIDDLE	-	LAST		20 D	ATE KNOV		DAY YEAR	7b. HOUR
	(TYI	E OR PRINT)								OF EST	ŀ H		
ASE OR. LES.			reodor	e Sutherl	and					ATH MATE	D XX 12	/4 181	? M
ED 28	3. SE	4. RA	CE	5. DATE OF BIRTH	6. AGE (IN YI	AY) MON		IF UNDER		OATE	MONTH	DAY YEA	R 2d. HOUR
¥ 6 5 4	М	Ca	116	Oct. 1	2 1904 77 Y	RS.		1100KS		DEAD 12	2/5/81	19	11:55
SS S ES	700 B	RTHPLACE (STATE OF		76. CITIZEN OF W	HAT COUNTRY?	8 MADE	IED NEV	/ED AA A DD1	9. BA	LTIMORE	CITY OR COUN	TY OF DEATH	
FUNE FUNE FOR	1 "	Md.		П. 5	S. A.		VED T	DIVORC		Alleg	jany		AAD.
279 32	10. C	TY OR TOWN OF DE	ATH		SPITAL, NURSING HOM							12b. KIND OF	BUSINESS
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DELAY IS TO THE F N PAGE BE FILED DS, 201	URIL		MAN SAISON		IVE RESIDENCE BEFORE ADMISS	1011			Labo	rer		Pape	r Mill
ANY DE ANY DE AND 3 TO HOULD B RECORDS		TATE	1136 COUN	ITY	13c. CITY OR TOWN	ION	13d. INSIDE CI	TY LIMITS?	13e. STREET A	DDRESS			
IS AN AND STATE OF THE PROPERTY OF THE PROPERT	1	Md.	A	llegany	Barton	1	YES 🗆	NO 🔀		Rural	Barten	Md.	
ORE, MD. 21201 DEATH, IF ANY DEL CGES 1, 2, AND 3 TC W PM 3, RETAIN 1 AND 2 SHOULD BE OFVITAL RECORDS	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDE	N NAME	MIDDLE		LAST	
ORE, ME	1	James		H.	Sutherlan	ad	N	Tora		MIDDLE		Savi	11e
TIMOR TER DE F PAGE F FORM ION OR	16a \	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT		17 INFORM			ADI	DRESS	10071	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RET SHOULD BE USED AS A BURIAL, "TRANSIT PERMIT." PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOID PROPERTY."	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-10-78	27.0	Mana	. Domi	bara Ra		Magan.	Diamen	Ma
BALTI S AFII GIVE ITH F PAGE	=					112	PILS	bar.	oara na	Tues	ытаате	River	
TON ST., BALT 24 HOURS AF 12 HOURS AF LONG WITH F FERMIT, PAG FERMIT, PAG CGIENE, DIVISIO		PART I DEATH V	TH (Enter an	ly ane cause per line D RY:	e far (a), (b), and (c).)							BETWEEN ON	SET AND DEATH
STON SI V 24 HO N ITEM I ALONG IT PERM YGIENE	100	11116		TE CAUSE (a)	Coronar	y Ar	tery H	eart	Disease	5			
AND ALC AND		4/44		DUE TO, OF	R AS A CONSEQUENCE	OF						-	
REAL NO.		Canditions if gave rise to		(b)								Frank P	
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N N N N N N N N N N N N N N N N N N N	7 %	210 EXTERNAL CA		21b. TIME O		21c. F	OW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN I	TEM 18 PART 1 OR P	ART 2)	
N O THE STANDARD T		UNDERLYING CONTRIBUTING	OR CALLSE OF		M. MONTH DAY YEA	R							
CERTIFICATE TING THE WE 3 SHOULD E DEPARTMENT 1 PRIOR TO	MEDICAL	21d. INJURY OCCU			A. 19 OF INJURY (ATHOME,	21f_LC	CATION						
S S S S S S S S S S S S S S S S S S S	A A	WHILE NO	T WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY	OR TOWN	C	YTHUC	STATE
#34745		AT WORK AT	WORK										
INER: THIS CERTIFICATE SHA ICATE, WRITING THE WORR IS FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR		220 I certify tha	t I taak charg	ge of the remains de	scribed abave, held an	Auta	osy .	Inspection	Inc	uiry X	and in my o	pinian	
N SE STEEN		death resulted fra	m: Natu	ral causes X	Accident Si	vicide]. Hamic	ide .	Undetermine	ed manner			
NATE OF STAN				1	/		TITLE (SI						
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ZEX KEE		SIGNATURE	(V	<u> </u>			Departical		SIGN	EDICTOLO	
WOON A	6	EXAMINER'S NAMI	_E Paul	Snow, M.).			emort	al Hosp	1 ta I			
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERL DIRECTOR: PATER DEATH, WITH THE STAND, 2		(TIPE OR PRINT)					ADDRESS_						
E05149	23a.B	URIAL, CREMATION,	REMOVAL		23c. NAME OF CE				23d. LOCATI	ON _	со	UNTY	STATE
BP		Burial	AZ	12/8/81	Mt. V	Lew) C	emeter	У	Mos	cow M	ills Aî	legany	Md.
DHMH - 17	24. F	UNERAL DIRECTOR	18/10	Horadald	MARCUL	U.D		25 PATER	REC'D. BY REGI	1 6	REGISTEATAS	SIGNATURE	-
(VR A15 ME (5))	Bo	al Funera	l Serv	ice P. A.	Westernpo	ct Mo		DEC	व ।वर	11 11	were to	A MA PORT OF THE PARTY.	die.
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20		STATE REGISTRAR					XAMIN						REG.	NO.	, ad	. 0
1		CEASED NAME ORPRINT)	FIRST	Daha		MIDDLE			AST			OF	KNOWN ESTI- MATED	MONTH		
3	. SEX		4 RACE		OF BIRTH	YEAR	AGE (IN YE			IF UNDER		C. DATE		HINOW	2/141/8	1 1634 R 2d HOUR
	M	RTHPLACE (ST	Cau	12	/14/8 ZEN OF WH	1		RS.			10	DEAD		12/14	1/81 19	1634
71	FOR	eign country)				SA	KI?	MARRIE	D NEV	VER MARR	IED XX		lleg	_	TO DEATH	MD
50		YORTOWN		(IF N	ME OF HOSP OT IN SUCH FAC Memor	ILITY, GIVE STR	EET ADDRESS)		R INSTITUT	ION	120. USU FOR M		PATION (126. KIND OF OR INDU:	BUSINESS
	JSUA 3a. ST		IF IN NURSING HOME	OR OTHER IN	STITUTION, GIVI	13c. CITY C			13d. INSIDE CI	TY LIMITS?	13e STRE	ET ADDRE	SS			
12	14. FA	THER'S NAME		MIDDLE			AST		15. MOTHE	R'S MAIDE	N NAME	м	IDDLE		LAST	9.28
4	An M	ROBER	EVER IN U.S. A	G.	CEC2	TETR	AL SECURIT	V NO	17. INFORM	INDA		JE	AN	CC	LEOTE	
1	(YE	S, NO, OR UNKNO	WN) (IF YES, GIV	E WAR OR DA	(CES?	100. 3001.	AL SECURII	110.	IT. II VI OKIV	TAIN!			ADDRE	.33		
' F		NO 18 CAUSE O	F DEATH (Enter o	only one co	use per line f	for (o), (b),	and (c).)								APPROXIM	ATE INTERVAL SET AND DEATH
		PARTIDE	ATH WAS CAUS	ED BY: ATE CAUS	T		urity	,								nin
		163	> /	(0	DUE TO, OR	AS A CONS	EOUENCE	OF								
S REV	-	gove ris	s, if ony, which e to immediat	le /	(b)	Pre-	matur	e la	bor							
5	ì	cause (a) lying cou	stating the <u>under</u> se last.	ī.) D	(c)	AS A CONS	EQUENCE	OF								
	NO	PART 2 OTHER SI	SNIFICANT CONDITION	IS <u>Contribut</u>	ING TO OEATH B	UT NOT RELATE	O TO THE TERM	IINAL OISEASE	OR CONDITION	GIVEN IN PA	RT I (a).					
a	CATI	190. DATE OF	OPERATION	1	96. CONDITI	ION FOR W	HICH OPER	RATION W	AS PERFOR/	MED?					20. AUTOPS	Y?
4	RTIF	al EV756114	L CAUSE WAS		TIVE 05			100							YES [NO 🗆
3	CALC	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH	1b. TIME OF HOUR A.M. P.M.	MONTH I	19	3		OCCURRE	D (ENTERN	ATURE OF INJ	JURY IN ITEM	18 PART 1 OR P	ART 2)	
	MED	21d. INJURY C			STREET, FACTO	F INJURY DRY, FARM, ETC		21f. LOC 51	REET			CITY OR TO	WN	CC	DUNTY	STATE
BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		deoth results	y that I took char ed from Nat Paul	ural cause	- No.	Accident		Autops	Homic TITLE (SI	PECIFY)	Undete	Inquiry rmined mo	onner _	ond in my o	pinion	7 / 2 1
88 7	1	SIGNATURE		DIL	11			M.	D		DDWDI	CAL EXAM	AINER	SIGN	ED IZ/I	,,01
3		EXAMINER'S (TYPE OR PRI	NAME					/	DDRESS_	Mem	oria	1 H	ospi	tal		
2	73a. BL	RIAL, CREMA	ION, REMOVAL				AME OF CE				23d. LO	CATION		COL	YTMY	STATE
-		remat		12/1	17/81	Me	emori	al H	ospi	tal				d Md	SIGNATURE,	
	-	NAME	Oster,	М. Г	ADDRESS	h. Di	reat	or			EC 2	2 198		rance (Jenlles	year.
	44.0		00001	- 4 - L	• 1101	~ · D I		7.2.			NA W	110	1 01	-	4	

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ROBERT G. TETRICK LINDA JEAN LEOTE

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STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF	HEALTH AND MEI FICATE OF DE <i>l</i>	NTAL HYG	IENE 8	3	0 5	क्षे उ
		CEASED NAME E OR PRINT)	FIRST CLA		CHESSH]		TWIGG		DECEMBER		1981	26 HOUR 5:40A _M
	3. SE	× Male		4. RACE White			OF BIRTH 11, DAY 192	7 AR	6. AGE (IN YEARS LAST BIRTH)	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	. (RTHPLACE (STATEORI COUNTRY) Maryland	FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	Y? 8. MARRIE WIDOW	ED MEVER MAR	RRIED -	9. BALTIMORE CITY <u>OR</u> Allegany		OFDEATH	MD
E	cu	IMBERLAND		MEMOT	RIAL HO	JSP T		TION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired		County	
5	Ma S	AL RESIDENCE (IF NURS STATE .ryland	13b COUN		GIVE RESIDENCE BEFF 134. CITY OR TO Kife	NWN	13d INSIDE CITY YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	>x □	13e STREET ADDRESS none		рерт	
0		Claude	A. T	wigg	LAST		15. MOTHER'S M	T	a Cheshire		LAS	r = =
		NAS DECEASED EVER VES NO OR UNKNOWN) Yes		MED FORCES? WAR ORDAIES) AT II	213-22		Mrs. Ka	thlee	an Twigg, Kii		Md. Wif	îe
		Conditions, if any, gove rise to immacouse (o), stating underlying couse	which nediate ig the last.	(b) DUE TO, OF	AS A CONSEO	DUENCE OF	S CLE	Line See	inal disease or condi	TION GIV	SEN IN PART 110	ns
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	CH OPERATIO	DN WAS PERFORM	ED			S, WERE FINDIN YING CAUSES	
7	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUPR WHILE AT WORK NOT WO 22a.1 certify 11 1 (1)	CAUSE OF DEAL CAL EXAMINER) RED THE (this hospit	P./ 21e PLACE ((AT HOME, STR	M. MONTH	E, FARM. ETC	1 LOCATION SHEET	18	CITY OF TOWN	\	COUNTY	STATE thould we lost couses stoted
		SIGNATUR STAL PHYSICIAN IN DR. W. GO	AME (TIPE OF	to	oner deam.	2/14		MEMO	DRIAL HOSP	TAL	, MED JE	99
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE 12-23-			CEMETERY OR CRE	MATORY	23d LOCATION Near Cum			

12-23-1981

24 FUNERAL DIRECTOR NAME James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

or Item 18 shows ony

IMPORTANT: If Item 21

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	Sealer Linescon Inc.

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DECEMBER 20, 1191 | Samen

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DR.W.GGY FISCUS

dance . . Sonroelli, Supportant, no.

MEMORIAL HOSPITAL MEDICALDS. CUMBERLAND, MARYLAND 21502

12-27-1961 | locity day densythy | Henry Understand , UM.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	I. DECEASED NAME FIRST (1YPE OR PRINT) EARL	CC	DLUMBUS		TWIGG	DECEMBER 19		YEAR	10:00A _M
	3. SEX Male	4. RACE White		5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	90. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	76 CITIZEN OF	what country?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	R COUNTY		MD.
2	Cumberland,	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A	ADDRESS)	PITAL	12a USUAL OCCUPATION OF PLASTERER		126. KIND C INDUSTRY Const	ruction
6			GIVE RESIDENCE BEFORE 13. CITY OR TOWE Cumberla		13d INSIDE CITY LIMITS?	1312220 Fale	Ave.	s. w.	Park Potomac
2	Arthur	MIDDLE	Twigg		15. MOTHER'S MAIDEN NA Emmaline	WE		Stec	kman
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	217-10-7		Mrs. Mary B.			erland L Ave.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE AND IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C	R AS A CONSEQUE	NCE OF	d mfacts	~		APPROXI BETWEEN	MATE INTERVAL SMSET AND DEATH Sm.
Pos.	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	20g AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
7		AIR	F INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR		YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	22a.1 certify that (I) (this hasp	oitol) ottended th	e deceased from		19	to	11	0	that (1) (wa) last

George M. Breza, M. D.

saw the deceosed alive on abave, (I) (wg) (did) (did not) view the bady after death.

22e ADDRESS

DEGREE

PHYSICIAN K MEDICAL STAFF
DIRECTOR PHYSICIAN

22c DATE, SIGNED

23b DATE 230 BURIAL, CREMATION, REMOVAL

Restlawn Mem. Gardens,

DRIVE, CUMBERLAND, MD. 23c NAME OF CEMETERY OR CREMATORY

and that in (my) (our) apinion death accurred on the date and haur and fram the causes stated

24 FUNERAL DIREWALINE GEORGE FUNERAL HOME

Burial

22b. SIGNATURE

202 GREENE STREET CUMBERLAND, MD.

12/22/81

DHMH - 16 50M 1/81 (VRA 15, 4)

DECOMPANY OF THE PROPERTY OF THE PARTY OF TH	THE REAL PROPERTY.	TOTALLES !	ATTACK.	
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	Aller Ma	harry in		
4/4/4				
SELF LATER CHARTEN PART		T. 11. 19		
to be treet, vilgoring family a 4 1977 for a 3 and with	A FERRE	722/81 202 (2020) 202 (2020) 203 (2020)	Alternative series	NAME OF THE PARTY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR {TYPE OR PRINT} WINIFRED TMIGG DECEMBER 1981 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White Feb. 1908 Female TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. West Virginia Allegany WIDOWED A DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Home (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife ath CUMBERLAND MEMORIAL HOSPITAL USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 3c. CITY OR TOWN pino 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS General Delivery Hampshire Greenspring 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Taylor William Mullin Shrout Jane Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT Greenspring, WV 233-74-5936 Joseph A. Twigg 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting the t o underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OR DITION GIVEN IN PART 110 CERTIFICATION IN CERTIFYING CAUSES OF DEATH? be NOX YES [NOF and Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 50 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

D FUNERAL I

MPORTANT:

24 FUNERAL DIRECTOR Keith S. Shaffer Shaffer Funeral Home, Romney, WV

23b. DATE

12/15/81

27d PHYSICIAN'S NAME LITYPE OF PRINT

230. BURIAL, CREMATION, REMOVAL

Burial

DR. JAMES M. RAVER

CITY OR TOWN Forest Glen Cemetery Hampshire Greenspring

MEMORIAL HOSPITAL, MEDICAL BUILDING

STATE

12/14/81

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CUMBERLAND, MARYLAND

23d. LOCATION

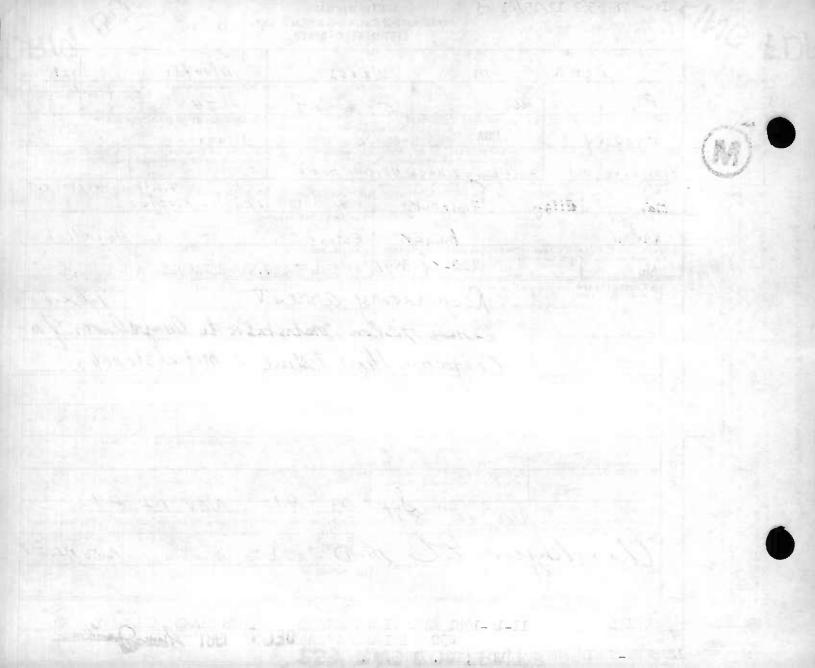
22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

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		MARYLAND	
1	STATE AMEDICAL EX AMINERIC	CERTIFICATE OF DEATH	3
1.0	CEASED NAME FIRST MIDDLE	LAST 20 DATE KNOWN TO MONTH DAY YEAR 126 HO	OUR
(1	Clarence Orville U		00
3. S	ale white Nov. 9, 1907 74 yrs.	UNDER TYR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HO THE DAYS HOURS MIN PRONOUNCED DEAD DEC. 19, 19 81 A	00 M
1	W. Va. U. S. A. WIDO	RRIED NEVER MARRIED 6 BALTIMORE CITY OF COUNTY OF DEATH Allegany	MD.
	umberland, 11. NAME OF HOSPITAL, NURSING HOME, OR OT UMBERLAND, STREET ADDRESS) Rt. # 1 Cash Valley Ro	OR INDUSTRY	t
130	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. COUNTY Cumberland,	13d INSIDE CITY LIMITS? 130 STREET ADDRESS YES NO XX Rt. # 1 Cash Valley Road,	
14.	ATHER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME MIDDLE LAST	
160	Mortimer N. Utterback WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.	Mary Elizabeth Gelhausen 17. INFORMANT ARRHVER in a Grean Cumb	
100	S. NO. OR UNKNOWN) IF YES, GIVE WAS OR DATES! 217-10-4659	Mr. Harry C. Utterback, 12710 Bowling St	· M
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	CARDIAC ARREST	AL
	4275 MMEDIATE CAUSE (a)	CARVIAC ARREST,	
	Canditions, if any, which gave rise to immediate (b)		15
	cause (a) stating the under- lying cause lost. DUE TO, OR AS A CONSEQUENCE OF		
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (a).	
ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED? 20. AUTOPSY?	
TIFIC		YES NO	XX
MEDICAL CERTIFICATION	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. L	LOCATION STREET CITY OR TOWN COUNTY STAI	ATE
		apsy , Inspection , Inquiry XX and in my apinian , Hamicide , Undetermined manner ,	
	ACTUAL SIGNATURE M. D.	M.D. Deputy, MEDICAL EXAMINER DATE SIGNED 12/19/81 2150	02
1	EXAMINER'S NAME Paul Snow, M. D.	ADDRESS Memorial Hospital, Cumberland, Md.	
	Burial, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY HILLCREST. 12/21/81	OR CREMATORY 1231 LOCATION Burial Park, Cumberland, Allegany Mariglan	nd
	uneral director NAME Wayne George, 202 Greene St. Cumberla	1502 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
H	wayne George, 202 Greene St. Cumberla	10, MUTUEL 24 1981 71	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIS

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П	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO.			
	1. DECEASED NAME (TYPE OR PRINT)	rankl		MIDDLE	W:	illiams	20. DATE C	DF DEATH MONTH	11	YEAR 81	26 HOUR P
	3 SEX Male		4. RACE Cauca	sian	5. DATE (6. AGE (IN	YEARS LAST BIRTHDAY) 74	The state of the s	R I VEAR DAYS	IF UNDER 24 HRS
1	70 BIRTHPLACE (STATE OR F		U	WHAT COUNTRY?	WIDOWI		A.	ORE CITY <u>OR</u> COUNTY	NTY OF DE	ATH	MD.
)	Cumberland		Lions	Manor Nu	rsing	Home, Driv		LOCCUPATION DRK FOR MOST OF WORKIN ESMAN	G LIFE) IND	KIND O JUSTRY Uto.	F BUSINESS OR
1	USUAL RESIDENCE (# NURSI 130 STATE Maryland	13b COUN ALL	other institution TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Cumberl	and	13d INSIDE CITY LIMITS? YES MO	13e STREE	TADDRESS Auirett A	venu	e	
1	Frank	A	J.	willi	ams	15. MOTHER'S MAIDEN NA Carolin		MIDDLE	Go	eri	ng
	(YES NO UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SECU 214-07-		17 INFORMANT Lions Man	or, S	address eton Dr.,	Cum	b.,	MD21502
	PART OTHER SIGN PART OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND	g the last.	ONDITIONS CO	rot ills	EATH BUT	NOT RELATED TO THE JERN WAS PERFORMED	MINAL DISEA ADO AUT YES	CANCIN DO	YES, WERE	FINDIN	Lites. GS USED OF DEATH?
7		AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR			the same	PART 2)	NO []
	OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	ED	21e PLACE			211. LOCATION STREET		CITY OR TOWN	COL	YIMU	STATE
	270.1 certify that (1) saw the decease above, (1) (we) (d 27b. SIGNATURE	d alive an_	12 1	19 8		nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL		22	om the c	
	John A		per, M	.D.		220 ADDRESS Hyndman P.		THE THE PARTY OF			
	230 BURIAL, CREMATION, I (SPECIFY) Durical 24 FUNERAL DIRECTOR	REMOVAL	12/14/	144		rg Mem. Park	23d tOC Fr	TY OR TOWN	OUNI ISTRAR S		STATE

BP.

signed by the attending physicion ond completely filled in by the fu hen please remove carbanpapers. Pages 1 and 2 shauld be filled with

exam

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbonapper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the haspital ar attending physician

> ADDRESS ohn J. Hafer, Jr. La Vale

Park Frostburg, Md.

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAN

DEC 1 8 1981 Chancas

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	19/				

		REGISTRAR				00 021	CENTIL	TICATE OF DEA	III	REC	. NO.				
		CEASED NAME	FIRST	,	MIDDLE			LAST		20. DATE OF DEAT		DAY	YEAR	2b. HOUR	_
	(TYPE	OR PRINT)	EEN	CAPIT	OLA	YOKL	IM		25	DECEMBER	9, 1	981	900	8:50	AM
	3. SE	Female		4 RACE Wh	ite		MONT	of BIRTH	1917	6. AGE (IN YEARS LAS	YR	MONTHS		IF UNDER 24 HOURS A	HRS MIN.
<		RTHPLACE (STATE OR FO		76 CITIZEN OF USA		9 01	MARRIE WIDOWI	ED NEVER MAR	RIED	9 BALTIMORE CIT ALLEGANY			ATH		MD.
2		TY OR TOWN OF DEA	/	SACRED	HEAL	RT HOS	PITA	OR OTHER INSTITU	TION	120 USUAL OCCUP (TYPE OF WORK FOR MO HOLVIEMAK	ST OF WORKIN		KIND O OUSTRY OW	F BUSINESS	OR
>	13a. S		ME OR	OTHER INSTITUTION ITY ERAL	13c KEY	YSER NE	OMISSION)				STRE	et			
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3	0	VAS DECEASED EVER II VES NOOR UNKNOWN) NO		E WAR OR DATES)		10-73		Mrs. B	etty 1	AC Haines 13	DRESS 30 Co.			W. V	a.
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2	TIFICATION	19a DATE OF OPERATI	ION	196 CONDI	ITION FO	R WHICH O	PERATIO	DN WAS PERFORME	ED	200 AUTOPSY?	IN CEI	YES, WERE		GS USED OF DEATH?	
	MEDICAL CERTIFICATION	710 ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	AUSE OF DEA	21e PLACE	M. MO M. OF INJUR	NTH DAY	19	21c HOW INJUR 211 LOCATION STREET	Y OCCURRI	ED (ENTER NATURE OF			PART 2)	STATI	E
		27a. I certify that (I) (sow the deceased obove, (I) (we) (d) III. SOD URE	d olive on, d) (d)d no	12- 1 view the body	ofter dea	19 9		DEGREE		MEDICAL SHEET OF THE					
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		URIAL, CREMATION, R	EMOVAL	1/2/12	2/81	Po-	ME OF C	CEMETERY OR CREA	MATORY al Gar	23d LOCATION	evser	Mine	Fral	STATI	Va.

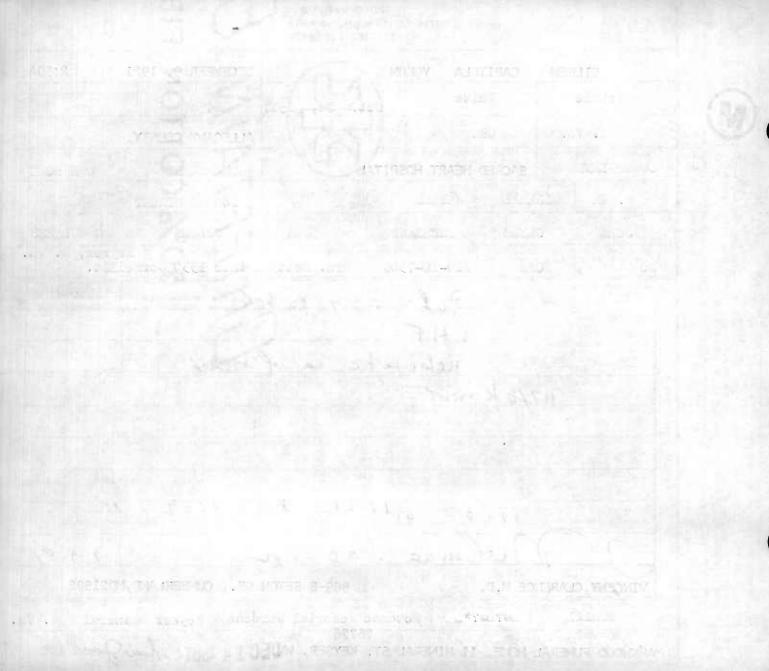
DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

6 50M 1/81 MARKWOOD FUNERAL HOME, 11 MINERAL ST. KEYSER,

.c Memorial Gardens Keyser Mineral 26726 250 Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA

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the attending physician and completely filled in my tremove carbonpapers. Pages 1 and 2 should be first

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, ar removal.

medicalexam

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Kt	GISTRAK				CERTI	TOTALE OF DEATH	REG. NO).		
		FIRST	MIC	DDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR I		LYDE	AL	VIN.	YOM	MER	DECEMBER	9,	1981	8:18AM
3. SEX		4 RACE			5. DATE C	1711/	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
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BIRTH	PLACE (STATE OR FOR	EIGN 76. CITIZE	N OF WI	HAT COUNTRY?	8		9 BALTIMORE CITY OF		TY OF DEATH	
	yland		JSA		WIDOWE		Allegany	Cou	nty,	MD.
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JUSUAL R	ESIDENCE (IF NURSING	HOW OTHER INST		VE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Mary	land	Garrett		Grantsvi		YES NO	Star Rt.,	Box	52. Jenr	nings Rd.
14 FATHE	R'S NAME	MIDDLE				15. MOTHER'S MAIDEN NA	ME		<u></u>	
	enry			Yommer	100	Alice	WIDDLE		Stanton	1
	DECEASED EVER IN	U.S. ARMED FOR		66 SOCIAL SECUE	RITY NO.	17 INFORMANT	Star	Ŕt	Box 52	4-1-4-
(123.1	No		2	269-12-2	534	Nellie M. Yo	mmer, Grant	svil:	le, Md.	21536
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	ACCIDENT WAS UNDERLOOMERING CONTRIBUTING CAU		IME OF II	NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO		PART I OR PART 2)	NO 🗌
WEDICA AND CA	FEITHER NOTIFY MEDICAL INJURY OCCURRED HILE NOT WHILE NORK AT WORK	EXAMINER) 21e. P	P.M. LACE OF DME, STREET	INJURY FACTORY, OFFICE, FA	19 RM, ETC)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
22a	I certify that (I) (the saw the deceased above, (I) (we) (did	olive on (did not) view the		19		d that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	, to	e and ha		
C		RATNAM		JITHAN		27e. ADDRESS MEMO	RIAL MEDI	CAL		NG 21502
Bur Buri	AL, CREMATION, RE.		TE . 11,]			ille Cemetery	23d. LOCATION		COUNTY	STATE Md.

Grantsville, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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